

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

April 25, 1987

a Benn publication

Scottish survey backs Nuffield role extension

API appeals on imports ruling

Supervision: BPSA wary of relaxation

Symbol groups — worth it or not?

PPA direct computer pricing: will it work?

NPA's 'oracle' in the spotlight

C&D talks to a past CSM chairman

CNS series pt 4: schizophrenia

Death of Dr T.D. Whittet

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**YOU CAN'T RECOMMEND A MORE RELIABLE TEST**

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## COMMENT

**F****F** Next Monday the Pharmaceutical Society's Council will hear the report from the working group that has been looking into the supervision of dispensing and the sale of medicines in the light of the Nuffield Report. In this context the disclosure by Council member David Sharpe (C&D last week p685) that Council has decided to recommend a relaxation in supervision requirements may be seen as pre-empting the situation. No doubt the majority of Council members do, as Mr Sharpe said, support a change in approach, although any suggestion that Council has reached a final decision is not accurate. Secretary John Ferguson was emphatic when he told C&D this week that Council would not make a decision until it had consulted with the membership. "Relaxation" was the wrong word to use for what Council had in mind, he added.

The "relaxation" of supervision has emerged as the most controversial recommendation in the Nuffield Report. True grass roots opinions

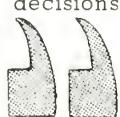


have been difficult to gauge given that many pharmacists seem to see supervision as an "all or nothing" activity and give a gut reaction accordingly. The current legal understanding is that the pharmacist has to be in a position to intervene at any time during the dispensing of a script or the sale of a Pharmacy only medicine. Council seems to be working towards the approach that it is up to individual pharmacists to determine the circumstances in which to intervene and thus the degree of direct supervision needed.

However, judging by the results of a survey of Scottish contractors (p734) and the deliberations of the BPSA (p755), the body of the

profession is taking a conservative approach. Only 37 per cent of the Scottish contractors thought standards of supervision and control should be relaxed. BPSA delegates first decided the Society must fully consult the membership before making any changes, and then passed a motion (with a large number of abstentions) that the Nuffield proposals should not be implemented. The tenor of the students' debate would not have been found encouraging by a Council looking for change, and this from a group more usually associated with a radical approach!

If the wisdom of Council is to prevail on this issue it must explain clearly and repeatedly to pharmacists what will be required of them. More importantly, the doubters must be convinced of their own professional abilities, that they must be responsible for their actions and those of their employees and be prepared to justify their decisions instead of hiding behind a stifling legislative barricade.



# Role extension backed in Scotland

**Nearly all Grampian contractors (97 per cent) want their role extended into new areas. Most (87 per cent) would like an extended advisory role and 80 per cent would be prepared to provide patient counselling areas.**

Other roles favoured are involvement in residential homes (73 per cent), domiciliary services (51 per cent), participation with doctors on economic prescribing (59 per cent), participation in the education of health workers (39 per cent) and patient registration schemes (37 per cent).

The survey was carried out by Grampian Area Chemist Contractors Committee who sent a questionnaire on the Nuffield proposals to 128 contractors of whom 70 replied. When asked how the extended services would best be provided, 37 per cent thought it would mean the pharmacist leaving the premises, 41 per cent favoured specialist pharmacists in specific fields such as domiciliary visiting, and 19 per cent wanted the involvement of highly trained technicians. Less than half (37 per cent) thought standards of supervision and control should be relaxed.

Most pharmacists (81 per cent) supported the view that the Pharmaceutical Society should have legal powers to enforce minimum standards for pharmacies and 81 per cent thought there should be a change to more professionally-orientated premises.

When asked about the basis for future remuneration, 61 per cent thought a second pharmacist allowance should be included. Only 16 per cent chose a patient registration scheme and 29 per cent went for a points system for different services provided. According to 59 per cent, the practice allowance should be unrelated to the number of prescriptions dispensed.

Most pharmacists thought post-graduate education was necessary but only 43 per cent thought it should be compulsory.

## Triple vaccine

**The Government agrees in principle that combined immunisation against measles, mumps and rubella should be added to the childhood immunisation programme.**

Under Secretary for Health Baroness Trumpington told a National Rubella Council lunch recently: "We know the addition of this vaccine in other countries leads to a significantly higher proportion of children being protected against measles. The virtual elimination of the reservoir of rubella among children offers the prospect of a further decline in the incidence of congenital rubella. A further benefit will be protection against mumps which causes over 1,000 hospital admissions a year."

## Interest in Drummond chain

**An Asian accountant is preparing a bid for the R. Gordon Drummond chain of pharmacies to be sold by Guinness.**

Arundhaji Patel, who practises in London, already has an interest in pharmacies in Chiswick and Luton trading under the name of Fontain. He recently acquired Finlays newsagents and it would be Finlays plc, of which he is chairman, who would buy the Martin retail group comprising the 112 Gordon Drummond pharmacies and Guinness's 1,100 newsagents. If successful, Finlays would become Britain's largest newsagent next to W.H. Smith. Mr Patel told C&D he would retain all the shop staff.

A spokesman for Lazard Brothers, the merchant bank handling the sale of Martins, said no bids had been made officially, although there had been considerable interest. Guinness's decision to concentrate on brewing and distilling was announced before a descriptive memorandum of the businesses was available and this confidential prospectus would be ready for sending to interested parties by the end of next month.

Mr B. Baylis, managing director, Martin retail group, confirmed that there had been excellent interest but it was too early to say whether the pharmacy and newsagent businesses would be sold separately or as a package.

## Evidence on PIs

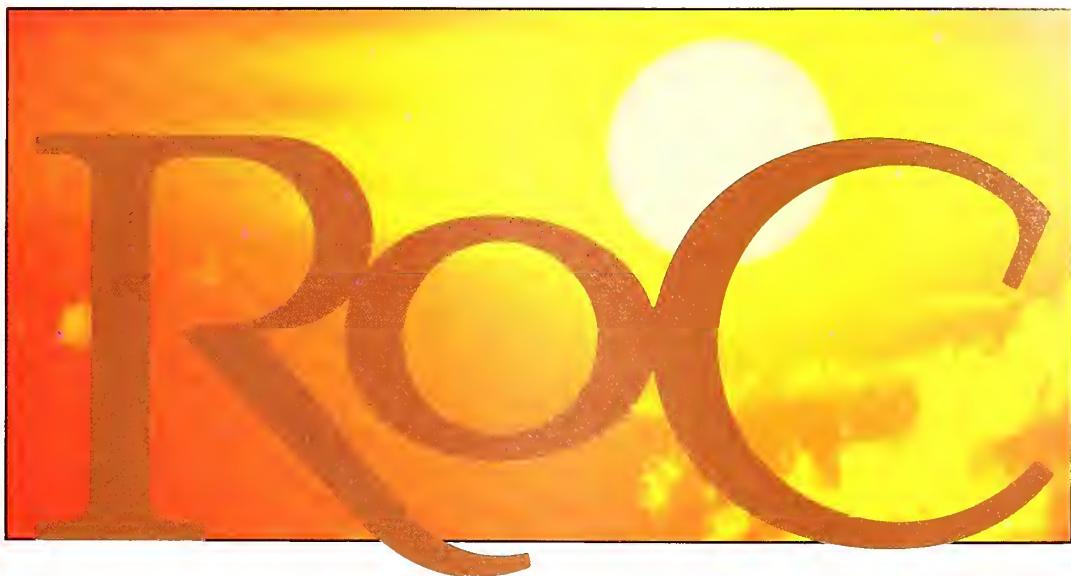
**Importers Stephar are compiling a dossier of evidence of activities by manufacturers aimed at discouraging the use of licensed parallel imported medicines.**

Mr Keith Jay of Stephar (UK) told C&D that the company had heard from a number of its clients of misinformation and rumours being spread about the status of parallel import product licences, with the implication that they are inferior, and harassment of pharmacists to try to get them to stop using PIs. "The legitimate importer is being smeared and that worries us. We sell licensed products, and are being penalised for sticking to the rules."

Mr Jay says that Stephar want to clarify the situation for pharmacists, and, if necessary, evidence will be submitted to the European Commission Directorate General for Internal Market and Industrial Affairs for investigation of possible abuses under Articles 30 and 86, Treaty of Rome.



# New RoC Total Sunblock Cream 15A+B colourless and tinted



## Available now for prescription on NHS

The only preparation to provide photosensitive patients with complete protection from the harmful effects of UVB, UVA and visible rays – new RoC Total Sunblock Cream 15 A+B (colourless and tinted) – is now available for prescription on the NHS.

An extensive campaign is underway ensuring that doctors are prescribing RoC Total Sunblock in increasing numbers. Ensure you have stock available to meet this demand, as well as for your over the counter recommendations. Place your order now.

For ordering information about RoC Total Sunblock Cream 15 A+B, just one of a range of RoC sun preparations, contact your local wholesaler or RoC (UK) Ltd, 13 Grosvenor Crescent, London, SW1. Telephone: 01-235 9411.

RoC Total Sunblock Cream 15 A+B (colourless and tinted)

## The only complete answer for photosensitive patients



Laboratoires RoC (UK) Limited, 13 Grosvenor Crescent, London SW1X 7EE. Telephone: 01-235 9411.



Meet the new



Britain's number one brand is back on the box.

But not with Henry.

The new Brut national T.V. campaign features the lady on the left, who'll also star on 48 sheet posters across the country.

She may look like a million dollars but during May and June we're putting £1½ million behind her.

So now's the time to stock up with the brand leader.

After all, could you imagine her being left on the shelf?



Henry Cooper.

New  
from Bencard

# Relifex

nabumetone

## FOR THE MANAGEMENT OF RHEUMATOID AND OSTEOARTHRITIS

Relifex (nabumetone) is a novel anti-inflammatory pro-drug from Bencard. In the stomach Relifex is a relatively weak inhibitor of prostaglandin synthesis<sup>1</sup>, but once absorbed, it is metabolised to a considerably more potent inhibitory compound.<sup>2</sup>

Clinical studies involving over 3,600 patients, demonstrate that Relifex is effective in the management of both rheumatoid and osteoarthritis.<sup>3,4</sup> Endoscopy studies have suggested that Relifex causes less irritation to the gastric mucosa than naproxen<sup>5</sup> or indomethacin<sup>6</sup>.

The Relifex Original Pack, which has been specially designed to be easy for arthritic hands to open, contains 56 tablets – one month's treatment at the usual dosage of 2 x 500mg tablets nocte.

Relifex is available direct from Bencard, or from your usual wholesaler.

Basic NHS price: £15.68 per pack of 56 tablets.



### ▼ PRESCRIBING INFORMATION

**Indications:** Osteoarthritis and rheumatoid arthritis requiring anti-inflammatory and analgesic treatment  
**Dosage:** Adults: Recommended daily dose is 1g nocte. For severe or persistent symptoms or during acute exacerbations an additional 500mg – 1g may be given as a morning dose. Elderly: Daily dose of 1g should not be exceeded. 500mg may give satisfactory relief. Children: No clinical data to recommend use. **Contra-Indications:** Active peptic ulceration. Severe hepatic impairment (eg cirrhosis). Hypersensitivity to the drug. **Pregnancy and Lactation:** Safety in human pregnancy has not been established. Relifex is not recommended during pregnancy.

or in mothers who are breast feeding. **Precautions:** Patients with aspirin hypersensitivity may react similarly to nabumetone. Patients with a history of peptic ulceration should be regularly reviewed for recurrence of symptoms. Consider dosage reduction in impaired renal function. Dosages of concurrent oral anti-coagulants, hydantoin anticonvulsants or sulphonylurea hypoglycaemics, may need to be reduced. **Side-Effects:** Side-effects include diarrhoea, dyspepsia, nausea, constipation, abdominal pain, flatulence, headache, dizziness, pruritus, rash and sedation. **Presentation and Basic NHS Price:** Square plastic bottle of 56 tablets. £15.68. Each tablet contains 500mg nabumetone. PL38/0301 P.O.M.

**REFERENCES:** 1. Boyle, E A, and Mangan, F R, *J Pharm Pharmacol*, 1982, 34 (9): 562-569. 2. Mangan, F R, et al, *Proc Conf on New NSAIDs: Criteria for Therapeutic Selection*, San Diego, 1986: Abstract and Data on File. 3. Jenner, P N, and Johnson, E S, *Ibid*. 4. Jackson, R, *Ibid*. 5. Roth, S H, *Ibid*. 6. Greb, W H, et al, *Ibid*. Further information is available from Bencard, Brentford, Middlesex TW8 9BD. Relifex and the Bencard logo are trademarks. February 1987

**Bencard**



## API appeals against High Court ruling

The Association of Pharmaceutical Importers has initiated proceedings for an appeal to the Court of Appeal against the High Court judgment on the dispensing of imported drugs (C&D last week p678). And the API says it is prepared to go to the European Courts if necessary, to prove its point.

The Association says that the High Court's ruling on April 10 has not changed its view that, by ordering pharmacists not to dispense licensed parallel imports, the Pharmaceutical Society is in breach of Article 30 of the Treaty of Rome, which the API says is designed to remove restrictions on imports from other EEC countries.

The High Court had ruled that the Society and the Department of Health are

not contravening EEC law by forbidding the dispensing of licensed imported medicines on prescription, unless they carry the identical name to the UK brand.

Mr Brian Lewis, API chairman, said it was unanimously agreed at a special meeting of the API's Council of Management this week that it should immediately initiate the appeal.

"We cannot allow our customers to continue to be denied an opportunity to build professional, profitable businesses, merely because their Society and the DHSS choose to impose arbitrary restrictions on licensed imported products which, by the DHSS's own admission in the proceedings, are therapeutically identical to the UK licensed products," he said.

Mr Lewis said the Society and DHSS had drawn an "extremely fine dividing line" on the basis of differences in brand names. "It remains a line which we believe has no objective justification in law or in fact and we intend to establish this, if necessary by taking the case to the European Court of Justice," he said.

deaths in the under-65 age group due to heart disease. The message of our advertising is that there is always going to be an important place for medicines in the treatment of heart disease, and that the industry continues its research into better treatments."

Andrew Carnegie of the National Pharmaceutical Association's advertising agency Cromer Titterton Mills & Cowdrey, says he has been working on proposals with the NPA and Pharmaceutical Society on an "Ask your pharmacist" advertisement to tie in with the "look after your heart" campaign.

## ABPI backs HEA's heart campaign

The Association of the British Pharmaceutical Industry is backing the Health Education Authority's "Look after your heart!" campaign, launched Wednesday, with a number of promotions costing £750,000.

The ABPI's campaign includes Press advertising coinciding with the LAYH! launch, on the prevention of heart disease, followed in May by television advertising and a number of ABPI-organised events on heart disease and health promotion. The first of these, a meeting in the Association's "health debate" series, is scheduled for May 7 in Birmingham, includes Junior Health Minister Edwina Currie among the speakers.

The Association's director of public and economic affairs David Taylor says their campaign is aimed at increasing the general awareness of factors like diet and exercise in the cause and prevention of heart disease, against which background the impact of more specific health education and promotion interventions should be enhanced.

"The industry wants to be responsibly involved in health education, and the Government's policy is to get industry involved in this type of campaign," he said. "The campaign will be doing well if it manages to prevent a quarter of premature

## OHE's plea for the heart

Every hour coronary heart disease kills four people in middle age and adds more than £40,000 to NHS costs in England and Wales, says a report from the Office of Health Economics which highlights the need for fresh initiatives to combat the disease.

Treatment for coronary heart disease cost the NHS an estimated £390m in 1985. OHE calculates that the same amount of money would treat 26,000 AIDS patients between diagnosis and death.

More than 160,000 people died from coronary heart disease in England and Wales in 1985 (28 per cent of all deaths). Middle-aged males are a particularly vulnerable group — 25 per cent of men between the ages of 40 and 59 years have evidence of coronary disease. Coronaries account for 40 per cent of deaths in middle-aged males. And in the hospital sector, 35 per cent of in-patient admissions for coronary disease involve men aged 45-64 years.

However, OHE reports that recent years have witnessed long-awaited reductions in coronary deaths. Even so the UK has become increasingly isolated at the top of the international coronary mortality league table. "Coronary Heart Disease, the need for action" by Nicholas Wells. Available from OHE, 12 Whitehall, London SW1A 2DY. Price £1.

## 405 UK AIDS deaths so far

AIDS deaths in the UK had reached 405 by the end of March.

New quarterly figures from the Department of Health report that the cumulative total of AIDS cases is 734, of whom 24 are women. The most deaths occurred in male homosexuals (342) followed by haemophiliacs (23).

The number of people reported as HIV antibody positive in England, Wales and Northern Ireland was 4,471, of whom 280 were intravenous drug abusers. In Scotland, drug abusers accounted for 659 of the 1,100 people reported antibody positive by the end of February.

The Department of Health says these figures represent a small unknown fraction of those infected, currently estimated at around 30-40,000. Only comparatively few drug abusers have been tested, for example.

## Tip Top to open pharmacies?

Tip Top Drugstores managing director Fred Brown says that the group is "looking at the possibility of opening pharmacies within drugstores".

Mr Brown said he was having conversations with a number of people but could comment no further.

□ Reports that Tesco are looking to add to their three franchised pharmacy units have met with a cool response from the company. A spokeswoman confirmed a pharmacy was planned in a new store in New Malden, Surrey, due to open in August, but said that it was too early to comment on other developments.

## 21-day limit for ocular steroids

Eye treatment by GPs with steroids should be limited to three weeks, after which a patient should be referred to an ophthalmologist, according to the latest issue of the *Drug & Therapeutics Bulletin*.

In a review of the use of corticosteroids in the eye, the *Bulletin* concludes that they should be prescribed only when essential, as they can lead to permanent sight loss with prolonged use, and after checking that visual acuity is normal and that the cornea does not stain with fluorescein, demonstrating herpes simplex keratitis.

The least potent corticosteroid necessary should be prescribed, while fluorometholone and clobetasone, which increase intraocular pressure less than other topical corticosteroids, are preferable in patients at special risk.

## Colouring bans in baby food

Artificial colouring in baby and young children's foods is to be banned. However, three colours also used as vitamin sources will be excluded in new legislation from the Ministry of Agriculture.

The move, which puts into regulations the present voluntary agreement with the food industry, follows recommendations by the Food Advisory Committee in its report on their review of the Colouring Matter in Food Regulations 1973. Three of the Committee's recommendations on restrictions in the use of colouring in foods are to be dealt with by legislation to be announced shortly.

In addition yellow 2G is to be removed from the permitted list of colours, and the use of methyl violet to mark citrus fruits is to be prevented.

**Riker/UKCPA award:** Research in clinical pharmacy is to be aided by a new award funded by Riker Laboratories, in conjunction with the United Kingdom Clinical Pharmacy Association. To enter, pharmacists should submit a summary of a project or study which makes a professional contribution to patient care. The winner will be notified by 20 June. Entries must be submitted before May 31 to Dr R. Walker, Galen Building, Sunderland Polytechnic, Sunderland SR2 7EE.



Winner of the 1987 UKCPA essay competition is Jenny Hayes, a pre-registration student at Merrell Dow. She was presented with her prize by Dr Gordon Jefferson, head of the school of pharmacy, Heriot-Watt at the BPSA conference last week

## PL(PI) update

The following PL(PI)s have been notified to C&D since the June Parallel Importing supplement last year.

### Aeropax (International) Ltd, trading as Stephar BV

PL/4259/0210 Halcion 0.25mg Triazolam 0.25mg  
PL/4259/0206 Vermox suspension Mebendazole 100mg in 5ml

### DeLouis Medical

PL/6735/0009 Indocid 25mg capsules Indomethacin 25mg  
PL/6735/0016 Septrin tablet Sulphamethoxazole 400mg, trimethoprim 80mg  
PL/6735/0019 Septrin Forte tablet Sulphamethoxazole 800mg, trimethoprim 160mg  
PL/6735/0002 Zantac 150mg tablet Ranitidine hydrochloride 168mg = 150mg base

### Discount Pharmaceuticals Ltd

PL/8223/0025 Acupan tablet Nelopam hydrochloride 30mg  
PL/8223/0037 Androcur tablet Cyproterone acetate 50mg  
PL/8223/0021 Feldene 10mg capsule Piroxicam 10mg  
PL/8223/0038 Moducren tablet Timolol maleate 10mg, hydrochlorothiazide 25mg, amiloride hydrochloride 2.84mg = 2.5mg base  
PL/8223/0039 Parlodel 2.5mg tablet Bromocriptine mesylate 2.87mg = 2.5mg base anhydrous Sulphamethoxazole 400mg, trimethoprim 80mg  
PL/8223/0029 Septrin Adult suspension Sulphamethoxazole 200mg, trimethoprim 40mg  
PL/8223/0028 Septrin paediatric suspension Levodopa 100mg  
PL/8223/0027 Septrin Forte tablet Carbidopa monohydrate 10.8mg = 10mg anhydrous  
PL/8223/0041 Sinemet 100 tablet

### Eurimpharm Ltd

PL/6679/0032 Acupan tablet Nelopam hydrochloride 30mg  
PL/6679/0030 Capoten 25mg tablet Captoril 25mg  
PL/6679/0031 Felden 10mg capsule Piroxicam 10mg

### Eurochem Ltd

PL/5513/2047 Zovirax tablet Acyclovir 200mg

### Global Pharmaceuticals Ltd

PL/0576/0039 Prothiaden 75mg Dothiepin hydrochloride 75mg

### Grange Pharmaceuticals Ltd

PL/3611/0067 Salazopyrin EN 0.5g Sulphasalazine 500mg

### IMG (Wholesale) Ltd

PL/6926/0006 Adalat Retard

Nifedipine 20mg

### Interport Ltd

PL/6176/0002 Adalat 10mg  
PL/6176/0101 Allegron 10mg

Nifedipine 10mg  
Nortriptyline hydrochloride 11.4mg = 10mg base

PL/6176/0088 Capoten 25mg  
PL/6176/0031 Danatrol 100mg  
PL/6176/0020 Froben 50mg  
PL/6176/0021 Froben 100mg  
PL/6176/0010 Minipress 2mg

Captopril 25mg  
Danazol 100mg  
Flurbiprofen 50mg  
Flurbiprofen 100mg  
Prazosin hydrochloride 2.19mg = 2mg base  
Prazosin hydrochloride 5.48mg = 5mg base

PL/6176/0009 Minipress 5mg

Bromocriptine mesylate 11.47mg = 10mg base

PL/6176/0103 Parlodel 10mg

### Martoland Ltd, trading as Martons Pharmaceuticals

PL/5571/0130 Catapresan 0.3mg Clonidine hydrochloride 0.3mg  
PL/5571/0107 Cinobac Cinoxacin 500mg  
PL/5571/0136 Destolit 150mg Ursodeoxycholic acid 150mg  
PL/5571/0135 Dicynone 500 Ethamsylate 500mg  
PL/5571/0140 Fepron 600mg Fenoprofen calcium = 600mg ibuprofen Flupenthixol dihydrochloride 0.5mg  
PL/5571/0113 Fluanoxol Flupenthixol dihydrochloride 1.65mg  
PL/5571/0137 Fluanoxol 1mg Co-dergocrine mesylate 4.5mg  
PL/5571/0145 Hydergine 4.5mg Guanethidine sulphate 25mg  
PL/5571/0119 Ismeline 25mg Prazosin hydrochloride 2.19mg = prazosin 2mg  
PL/5571/0143 Minipress 2mg Dothiepin hydrochloride 25mg  
PL/5571/0122 Prothiaden 25mg Ketoprofen 100mg  
PL/5571/0156 Rofenid 100mg Sulphasalazine 0.5mg  
PL/5571/0186 Salazopyrin EC Voltarol Retard Diclofenac sodium 100mg

### Munro Wholesale Medical Supplies Ltd

PL/3243/0133 Brufen 400mg Ibuprofen 400mg  
PL/3243/0141 Lioresal 10mg Baclofen 10mg

### Pharmaceuticals International (UK)

PL/5351/0068 Acupan tablet Nefopam hydrochloride 30mg  
PL/5351/004 Eusaprim tablet Trimethoprim 80mg, Sulphamethoxazole 400mg  
PL/5351/0063 Feldene capsules 10mg Piroxicam 10mg  
PL/5351/0070 Indocid 100 suppositories Indomethacin 100mg  
PL/5351/0067 Stromba tablet 5mg Stanazolol 5mg  
PL/5351/0071 Tagamet 200 Cimetidine 200mg

### Spectrum Marketing

PL/3787/0052 Capoten 50mg tablet Captopril 50mg  
PL/3787/0068 Indocid Retard Indomethacin 75mg  
PL/3787/0063 Septrin Forte tablet Sulphamethoxazole 800mg, trimethoprim 160mg  
PL/3787/0053 Voltaren 25mg tablet Diclofenac sodium 25mg

### Whitworth Pharmaceuticals

PL/4423/0150 Ultraproct suppositories Fluocortolone pravilate 0.612mg, fluocortolone hexanoate 0.63mg, cinoxacaine hydrochloride 1mg, clemizole undecylate 5mg  
PL/4423/0155 Zaditen 1mg Ketotifen hydrogen fumarate 1.38mg = 1mg base

## Anyone for a refund?

**The Post-1980 Contractors Committee has, three years after its dispute with the DHSS, reached agreement over the costs of the case. And as a result there may be a refund in the pipeline for those who paid the full subscription.**

Following the settlement a surplus of £12,000 remains which, chairman Peter Hulme says, will give a 40 per cent refund to those who paid the subscription.

Pharmacists who feel they may be eligible are asked to send a stamped addressed envelope to the Committee's treasurer, Mr S.C. Powell, at 8 Commercial Street, Pontnewydd Cwmbran, Gwent.

## Closure blame

**The Pharmaceutical Society's own manpower survey provided scope for cuts which resulted in the closing of the Heriot-Watt School of Pharmacy, according to the head of the School Dr Gordon Jefferson.**

"There can be no doubt that we were robbed," he told students attending the British Pharmaceutical Students' Association Conference at Heriot-Watt last week. "It is a pity that Heriot-Watt's fate was in the hands of a panel of the University Grants Committee which included a minority of non-practising pharmacists."

He urged students to defend pharmacy and to be vigilant in the way they presented it. "You will contribute to the development of pharmacy post-Nuffield and will have to effect changes in a climate of diminishing resources," he said.

**Prescription statistics (Scotland) for December 1986: Average cost of prescriptions dispensed by chemists and appliance suppliers.**

Pence

Ingredient cost	433.938
Oncost	56.012
Dispensing fee	45.210
Interim allowance	8.982
Container allowance	3.798
Other miscellaneous costs	2.265
<b>Gross cost</b>	<b>550.205</b>
Less charges	39.573
<b>Net cost</b>	<b>510.632</b>

Total number of prescriptions: 3,307,851

## Happy days

You will all know the tremendous satisfaction of being busy, really busy, with the shop ticking over like clockwork. Smiling customers, pleased to find you have the item they have been looking for everywhere else; patients bringing their scripts to us knowing they won't have to wait long, nor will they normally have to call back later for the balance. And staff a happy part of the scheme of things, busy, but with enough time to get on with routine jobs, like stock filling, ordering, and so on . . . You know what I mean?

I'm glad for you because for the last month, culminating in the near chaos of today, Easter Thursday, I haven't. Something has gone wrong. Tottie has been off sick. One of the cash registers, a new one, has been taking incredible electronic flights of fancy which seem to defy any attempts at repair, but cause havoc and uncertainty at the cash point. This week my faithful Kirby Lester went mad and started giving up to twice as many tablets as its indication showed.

But today! My dispensing assistant was unable to turn up, and my third assistant was on a day's leave, long since allowed for an appointment down in London, so it was just me and one other. Naturally the weather was fine; naturally all my customers came in with scripts; naturally they all called for two or three months supply; naturally all elected to wait.

All right — I got my head down, concentrated completely on the scripts in front of me and started. Then the phone rang, not once, but almost continuously, all for me. Finally the photoprocessors rang to say there was a snag and some of our work would be delayed. So, of course, the first customer, who had wanted the work to take to Australia with him tomorrow, blew fuses loud and long, inviting me to forward his valuable pictures at my expense. The day continued as it began, right to the bitter end when, as I closed, a lady struggled in with her photos . . . which weren't hers.

## Bad debts

I have been lucky. When I bought my present business I inherited a host of small accounts, not one of which was worth a light. I found I was expected to fetch and carry on demand, but had to wait ages for my money. After a couple of months I packed them in.

As a pure courtesy I do, in fact, still have a few running accounts for people I know, but they all pay when I ask them. I pay my accounts promptly too, on

statement, so long as it is received in time for the clearing house. If I wait, then I regret it has to wait until next time round, unless there is pressing reason for payment, like the threat of court action!

Looking back on this type of occasion always points to the same reasons. Firstly, we are in dispute, usually about goods received which we didn't order, or a credit not passed in time to show on the current statement: secondly, pure lack of communication, often due to our inability to find anyone responsible enough to give us straight answers. And thirdly? A wilful desire to make the beggars wait, nearly always caused by some sense of grievance, like having been persuaded to buy far too much of something.

But having an interest in a profitable business recently forced into liquidation because, as a supplier to a Government department, it had to wait five months for payment, I would be willing, despite my tiny petulances, to accept regulations legalising the charging of interest on monies not paid in due time. The Forum of Private Businesses should have our support in their plea for legislation on this matter.

## OTC steroids

I see April 30 is given as the date we can start selling hydrocortisone 1 per cent OTC. I suppose we ought to have realised there would be a rush of companies trying to persuade us to flog their particular brand. I have to admit this exasperates me since I intended to sell the straightforward generic when I felt the preparation might help. I don't take kindly to the thought of advertising stimulating a demand which is not necessarily in the best interests of the patients.

## Malaria

I have many customers who travel abroad. I should imagine most of us do now, since travel is so incredibly cheap and quick as compared to the days when shipping provided the routes abroad and only those who could afford the time were able to see foreign parts. But so blasé are people now that many are untroubled by the thought of tropical diseases. Of these malaria is still a threat.

My GPs often refer patients to me since I ring the London School of Hygiene and Tropical Medicine while the patient waits. Yes, I charge for the call, and find this service greatly appreciated, as it carries a positive cachet of authority. No-one so far has been other than grateful, even though the NPA's advice that no treatment is infallible is generally given.

# COUNTERPOINTS

## The big freeze

Crookes have launched their largest ever advertising spend in their topical analgesic, PR spray.

The £250,000 campaign will promote the brand in national daily and Sunday newspapers, and will run continuously to next February. Sales are predicted to be over £2m by the end of the year. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA*

## Back-up

Potter's are introducing herbal backache tablets (84, £2.68).

The tablets contain capsicum, gravel root, parsley root and aqueous extracts from buchu, cascara and uva-ursi. *Potter's (Herbal Supplies) Ltd, Leyland Mill Lane, Wigan, Lancs.*

## Pigeon vaccine by Salsbury

Vetchem, animal health distributors to pharmacists, are distributing a new pigeon paramyxovirus vaccine product Colombovac pmv from Salsbury Laboratories. Three members of the organisation will market the product in England, Wales and Scotland. Other Vetchem members and other wholesalers, pharmacists and veterinary surgeons will be able to draw from these main distributors.

The distributors are: Wm Murray Chemists in Dumfries, for Scotland, R.M. Jones Chemists, Hay-on-Wye, for Wales, and Brian G. Spencer Ltd, Lichfield, for England. Further details from *Brian G. Spencer Ltd, Common Lane Pharmacy, Common Lane, Fradley, Lichfield, Staffs WS13 8LA*.

## PRESCRIPTION SPECIALITIES

Lederle's range of flucloxacillin presently called Staphcil will be called Staphlipen. *Lederle Laboratories, division of Cyanamid Great Britain Ltd, Fareham Road, Gosport, Hants PO13 0AS.*

Supplies of Noctamid 1mg will be discontinued on expiry of current stocks. Schering estimate they can cover demand for approximately three weeks. Also being discontinued on exhaustion of stocks are the 50 and 500 tablet packs of the 0.5mg strength, leaving only the 100 pack.



## Perfect pets

Denes Veterinary Herbal Products are introducing new ideas at the Northern Health Food Trade Exhibition in Harrogate, including a merchandising unit for Denes three top selling herbal products — garlic, greenleaf and all in one tablets. For the show and the following two months, Denes are giving away 2 x 200 pots of all in one tablets (value £3.50 each) with each unit. They have also introduced a 400 tablet size. *Denes Veterinary Herbal Products Ltd, 14 Goldstone Street, Hove, East Sussex.*



Germolene Footspray is being relaunched in a slim-line can. The livery has been brought in line with Germolene 2 packaging. A "20% extra free" pack is also available, say *Beecham Proprietaries Medicines, Great West Road, Brentford, Middx.*



## It's a gift

Intercare Products are offering leather goods to every pharmacist who displays Aller-eze products during the hay fever season.

A selection of display material is available from the Intercare representatives and the minimum qualification is to site the Aller-eze tower display unit on the counter. Every participant will be eligible to receive a credit card holder, wallet, purse or passport holder.

All names will also go into a prize draw to win a colour television, a leather briefcase, or a desk-top photocopier. Closing date for entries is 22 May, say *Intercare Products Ltd, Wokingham, Berks RG11 2QD.*

## Granular solution

Surgikos have launched Presept granules for the disinfection of potentially hazardous body fluid spillages.

The active ingredient is sodium dichloroisocyanurate (NaDCC), a precursor of hypochlorous acid, which, the company says, is believed to be the biocidal component of all chlorine-based disinfectants. The company claims that Presept granules, with NaDCC at lower pH than unbuffered hypochlorites, gives a higher proportion of undissociated acid, and is therefore less prone to inactivation by blood.

Presept granules are available in 500g tubs (£3). Further information from *Surgikos, Kirkton Campus, Livingston, West Lothian EH54 7AT.*

BDC's new catalogue of telephones — Hotlines — is now available from *BDC/Micromark, BDC House, White Hart Lane, London N17 7RQ.*



# THE NEW BUZZWORD FOR INSECT BITES

Waspeze Hydrocortisone Cream brings the full power of 1% hydrocortisone to relieve redness, swelling and itching due to bite and sting reactions. So make Waspeze Hydrocortisone Cream your first recommendation—with heavy consumer advertising behind it there's no stronger relief for the bites and stings that summer brings.

Relieves the redness, swelling and  
itching of insect bite reactions.



FOR THE RELIEF OF INSECT BITE REACTIONS  
**WASP-EZE**  
HYDROCORTISONE CREAM



15g

Charwell House • Wilson Road • Alton • Hampshire GU34 2TJ  
Telephone (0420) 88174 • Telex: 858491 INTLAB G • Fax (0420) 89376

International Laboratories Limited



*Fatima Whitbread was the pride of Britain when she broke the world record in javelin throwing and won a gold medal at the 1986 European Championships in Stuttgart*

# In pride of place

- ▶ *APS, Your first name in generics.*
- ▶ *Your premier, British manufacturer dedicated to reliable personal service.*
- ▶ *Your strong and independent first choice in a competitive market-place.*

**APS**<sup>®</sup>

*Approved Prescription Services*

APPROVED PRESCRIPTION SERVICES LTD.,  
WHITCLIFFE HOUSE, WHITCLIFFE ROAD, CLECKHEATON, WEST YORKSHIRE BD19 3BZ  
TEL: (0274) 876776 TELEX 51561 APSTAB G. FAX: (0274) 862237



## THE ART OF BODY MAINTENANCE



The Red Kooga look is distinctive.  
It uses only the finest selected vitamins and minerals  
with no artificial colourings or flavourings.  
You'll find Red Kooga multivitamins at leading  
chemists, drug stores and health shops.

 E.G. Marketing Limited, Park Road, Overseal, Burton on Trent, DE12 6JT



## IT'LL MAINTAIN A HEALTHY PROFIT MARGIN TOO!

There's an art in creating exactly the right appeal  
for a Multivitamin. Red Kooga has done just that.

In a crowded market, we've targetted Red Kooga  
directly at a specific, fast growing audience.

The message will be reaching this audience with  
ads like the one above. But there's more.

Don't forget too that Red Kooga has a good,  
balanced formula with no synthetic additives.

It's a simple, one a day vitamin regime. And it will  
help keep your profits looking healthy.

For more information, contact E.G. Marketing at  
the address below.



 E.G. Marketing Limited, Park Road,  
Overseal, Burton-on-Trent DE12 6JT  
Tel: 0283 221616.

## Farley's spend £2m at breakfast

Farley Health Products have launched a £2m, 12 month advertising campaign with TV-am, featuring their rusks and cereals.

Two rusks advertisements feature Annabel Croft, Jo Durie and John Noakes, explaining how they were brought up on Farley's.

Breakfast Timers will also be backed by a sampling promotion in the May issue of *Parents* magazine, and a further £100,000 is being spent on supporting both ranges in the mother and baby Press. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.*

## Hang it all!

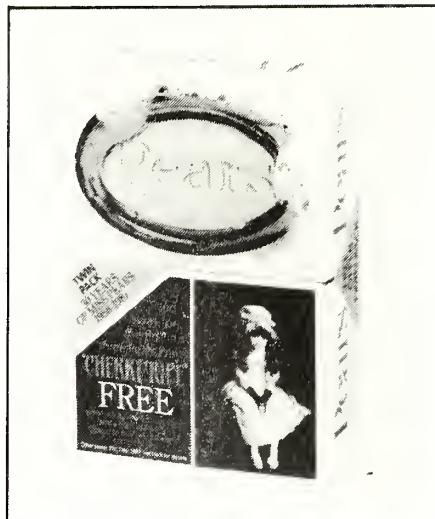
If you want to keep your winemaking demijohns off the floor, the Winemate (£3.49) could help. It is a hygienic, nylon-coated steel frame, allowing demijohns to be wall mounted. Up to 20 can be suspended on an eight foot by six foot wall, claim manufacturers Novatech, who give a five-year guarantee on the product.

*Novatech Ltd, Pelmark House, 11 Amwell End, Ware, Herts.*

## 'Armless' fun

Benji have introduced Pet purses designed to be worn around the waist, and on the wrist or arm. They are designed as furry animals attached to a nylon web belt, which is secured on the wrist by velcro and around the waist by a clip. The range has a brown bear, koala bear and panda, each with a zip on its back, and retails at £2.99 for the wrist model and £5.99 for the waist. *Dunbee Consumer Products Ltd, Slington House, Rankine Road, Daneshill Industrial Estate, Basingstoke, Hants.*

Varta are running a buy one, get one free promotion on their energy 2000 batteries, starting in May and backed by television advertising. *Varta Batteries Ltd, Varta House, Gatwick Road, Crawley, Sussex.*



## Soap story

Pears are offering consumers a collection of three colour prints, to commemorate the 30th year of the Miss Pears competition.

"Cherry Ripe" is available free with four proofs of purchase from bath soap twin packs and a first class stamp. To complete the set, consumers can purchase "Suspense" and "Over the Garden Wall" for £1.99. *Distributed by Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY.*

## ON TV NEXT WEEK

GTV Grampian	U Ulster	STV Scotland (central)
B Border	G Granada	Y Yorkshire
C Central	A Anglia	HTV Wales & West
CTV Channel Islands	TSW South West	TVS South
LWT London Weekend	TTV Thames Television	TT Tyne Tees
C4 Channel 4	B1 TV-am	

Amplex:	C, TVS, LWT, C4
Cachet:	All areas
Drakkar Noir:	TVS, LWT, C4
Fiesta kitchen towels:	All areas, C4, B1
Jaap's health salts:	GTV, STV
Kavli crispbreads:	TT
Lady Grecian 2000:	STV, Y, TVS
Lipcote:	TSW, TTV
Mirair:	All areas
Odor Eaters:	TT
Old Spice Ovals:	All areas except U and TSW
Pearlouise Babyslips:	B1
Pretty Polly stockings:	All areas, C4
Reach toothbrushes:	All areas, C4, B1
Robinson's babyfoods:	B1
Signal toothpaste:	B1
Vaseline Intensive Care:	All areas
Vidal Sassoon:	All areas, except B1 and G
Wilkinson Sword Profile:	All areas
Wincheaters capsules:	G, C

## A Cluster of promotions

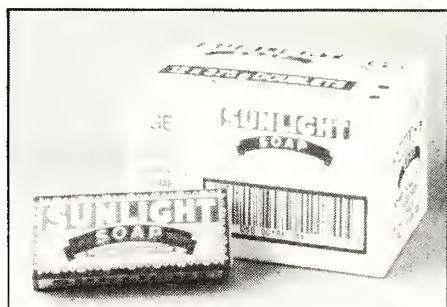
Television advertising for Lyons Tetley Cluster bars will be backed up by a public relations and promotional programme aimed at mothers with school-aged children — the biggest buyers identified in the company's research.

The programme includes: a sampling exercise to boost trial; the "Right bite guide" a booklet of snack lunch ideas available free through the women's Press; Cluster "Away day" competitions featuring in British Rail's Railriders Club days out for children over the Summer and a "Healthy eating with Cluster" project pack distributed free to teachers through *Junior Education* magazine. *Lyons Tetley Ltd, 325 Oldfield Lane North, Greenford, Middlesex UB6 0AZ.*

## Money for old soap!

Lever Brothers are relaunching their Sunlight household soap. Introduced in 1884, it was the first branded soap to be made into pre-packed tablets.

The market for household soap, although small, is still profitable, it being



used in 23 per cent of UK homes, say Lever.

The elements of the relaunch are a bright, heritage pack design, and a move to smaller case size from 48 to 12 bars. Sunlight will continue to be sold in doublets. *Lever Brothers Ltd, Port Sunlight, Wirral, Merseyside L62 4ZD.*

Reynolds  
Direct  
Marketing Ltd  
Tel: 062981-3393

## The International perfume-3 Promotions

### £1 OFF

RRP £6.85,  
promotion price  
£5.85 on  
18 x 30ml  
EDT Atomiser



### FREE

Attractive Travel  
containers free  
with 12 x 150g  
Bath Soap



### % OFF

Generous  
discounts  
given on orders  
placed Jan,  
Feb, March.



## Braun for a cheaper brush

In preparation for "national smile week," beginning May 15, Braun have liaised with *Woman* to offer consumers a £5 redemption voucher on their dental d3 rechargeable toothbrush (rrp £21.95).

Readers can redeem the £5 by purchasing the d3 and mailing the registration card with till receipt and voucher. Stockists who would like a showcard advertising the offer and / or a copy of the May 16 issue of *Woman* should contact: *Braun Electric (UK) Ltd, Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middx TW16 7RJ.*

## Cussons give away Gold

Cussons are giving away 200ml bottles of Imperial Leather Gold shampoo in return for coupons collected from other Imperial Leather products.

Through May and June, Imperial Leather soap, talc, foam bath and shower gel will carry the "free Gold" offer — on over 2.5 million packs. Redemption for the coupons will be in-store. The promotion will be backed by television advertising of Gold shampoo with further support in leading women's magazines. *Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.*

## Light relief

Micromark's range of hand torches will be featured in a £1/2m national television advertising campaign, scheduled to begin in October and to run through the post-Christmas sales. The commercials will feature the power beam Halogen hand torch. It is the first time Micromark have been backed by television advertising and the campaign of 20-second spots will continue until the first week in January 1988. *BDC House, 550 White Hart Lane, London N17 7RQ.*

## Feminine touch

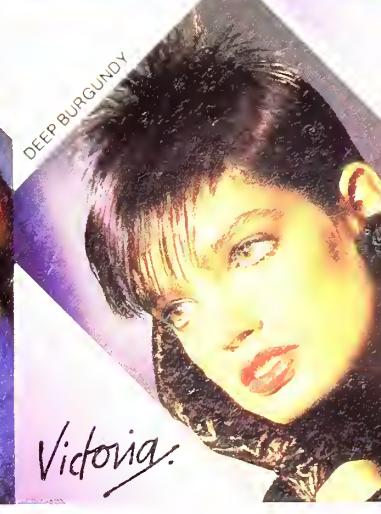
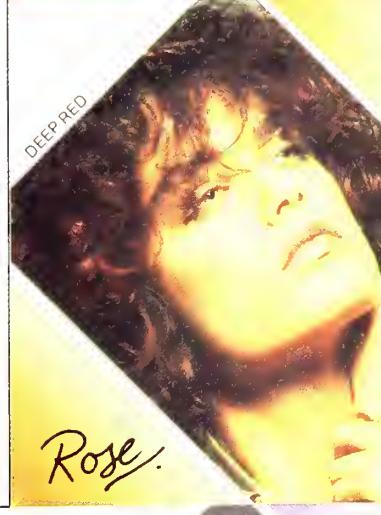
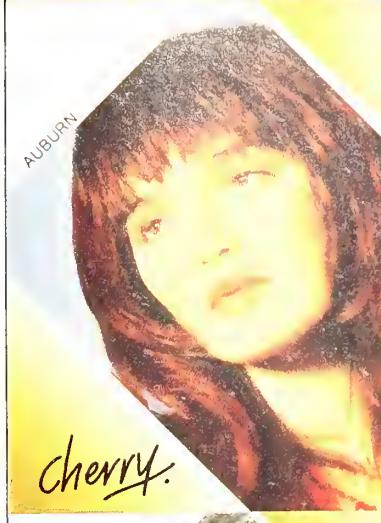
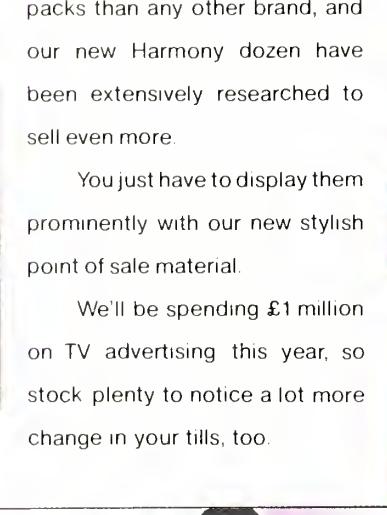
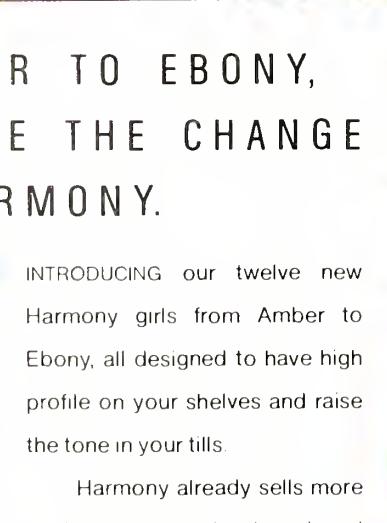
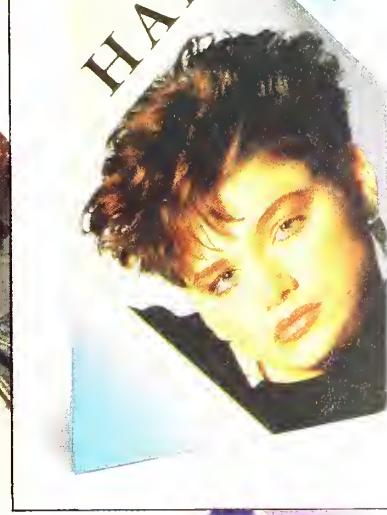
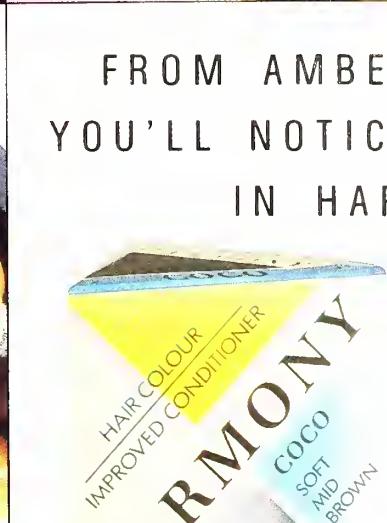
Faberge are backing the Brut for Men range with national television advertising. The new £1.5m advertising campaign

for the brand also includes posters across the country. The company are moving away from the previous campaigns featuring Henry Cooper, to feature a female character. *Faberge Inc, Amberley Place, King Edward Court, Windsor SL4 1TN.*

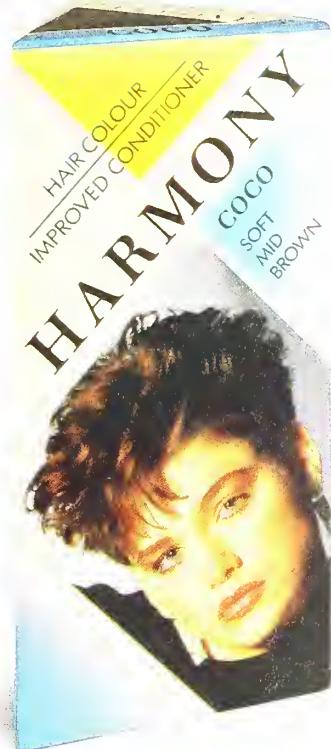


The following column lists advertisements for chemist merchandise appearing in the IPC women's Press during May. The magazines are divided into weeklies (W), monthlies (M), and teenagers (Y).

Acdo Glo-White	W	M	W
Almay	M		M
Elizabeth Arden Chloe	M		M
lip colours	M		
Simply perfect mousse	M		
Ashe Labs Sucron	W		
Vitapointe	W		
Bayer Limmits	W		
Natrena	W		
Beechams Shaders & Toners	Y		
Silvikrin	W	M	Y
Cacharel	M		
Carter Wallace Discover	W		
Nair	Y		
Thomas Christy	Y		
Ciba Geigy Piz Buin	M	Y	
Clinique	M		
Combe Slip-Stop	W		
Lanacane	Y		
Vagisil	M		
Crookes Hermesetas	M		
Cussons 1001	W	M	
Cuxson Gerrard Carnation Corn			
Caps	W		
DDD Colour Run	W	M	
Dentinox	W		
Oz	W	M	
Stain Devils	M		
Stain Salts	W		
DEB soap	W		
Dylon Oust	W	M	
Elida Gibbs Cream Silk	Y		
Timotei	Y		
Dimension	W	M	Y
English Grains	Y		
Evans Mycil	W		
Nylax			
Eylure Elancyl			
10-0-6			
Guerlain			
Health & Diet Head High			
Heinz Weight Watchers			
Houbigant			
Intercare Ex-lax			
International Labs Dermidex			
Janssen Arret			
L'Oreal Ambre Solaire			
Recital			
Vanderbilt			
Lane's Quiet Life			
Larkhall Labs Omniped			
Lilia White			
Mason Pearson			
Max Factor Colourfast			
Mentholatum Cutipen			
Network Management Sally			
Hansen			
Neutrogena			
Newton Bikini Bare			
Nicholas Kiwi Aspro Clear			
Junior Paraclear			
Radox			
Noxell Cover Girl			
Numark			
Reckitt & Colman Senokot			
Redken			
Oscar de la Renta			
Revlon			
Rimmel			
Charles of the Ritz			
Rochas Mysterie			
Helena Rubinstein			
Yves Saint Laurent Cartier			
Paris			
Sancella Bodyform			
Scholl Coppertone			
Marie Simone			
Smith & Nephew Nivea			
Stafford Miller Sensodyne			
Tampax			
3M Health Care Buf Puff			
Unipath Clearblue			
Van Cleef & Arpels			
Vichy anti-wrinkle			
Les Florales			
Wella Colour Confidence			
Streakers			
Whitehall Labs Anne French			
Bisodol			
Immac			
Windsor Pharmaceuticals			
Uvistat			
Dulcolax			



## FROM AMBER TO EBONY, YOU'LL NOTICE THE CHANGE IN HARMONY.



INTRODUCING our twelve new Harmony girls from Amber to Ebony, all designed to have high profile on your shelves and raise the tone in your tills.

Harmony already sells more packs than any other brand, and our new Harmony dozen have been extensively researched to sell even more.

You just have to display them prominently with our new stylish point of sale material.

We'll be spending £1 million on TV advertising this year, so stock plenty to notice a lot more change in your tills, too.

LEY HAZEL

ASH BLONDE

HONEY BLONDE

LIGHT BLONDE

Amber.

Pearl.

Sandy.

Rusty.

EN BLACK

Ebony.

CHOCOLATE BROWN

Hazel.

MID BROWN

Coco.

WARM BROWN

Ruby.

RICH RED BROWN

Sherly.

DEEP BURGUNDY

Victoria.



## Max Factor's new Girl

Max Factor are to relaunch their Outdoor Girl cosmetic range, with new packaging phased in over the next few months.

Existing dark green livery will be replaced by light and dark grey componentry with a new Outdoor Girl logo, and products and shades will be updated. The moves are designed to give a more upmarket look, as well as to modernise the range.

Product manager Dugald McDougall says attention has been also given to

making the packaging more sturdy and formulations have been improved.

Mascaras will form the first stage of the relaunch, followed by lipsticks and nail polishes. The revised mascara range, available soon, comprises waterproof, Longer Lash with fibres, Lashings, with conditioners, and Pure Lash, a hypo-allergenic mascara (all £1.49). Pure Lash is the only budget brand hypo-allergenic mascara, especially designed for contact lens wearers and people with sensitive eyes "who don't necessarily have more money to spend on cosmetics just because they have sensitive eyes or wear lenses" says Mr McDougall.

New display material includes a conversion kit for the existing merchandiser with a display panel to hold photographs highlighting new packs as they are phased in, and afterwards to emphasise seasonal colours or promotions.

Advertising plans have not been decided yet, but a campaign will probably be run at the end of this year or early in 1988, when the relaunch is complete. *Max Factor Ltd, Max Factor House, Watemans Park, Brentford, Middx.*

## Not to be sniffed at

Lapidus Pour Homme is the new fragrance from French designer Ted Lapidus. After starting off in Harrods, distribution will be extended to selected outlets throughout the UK.

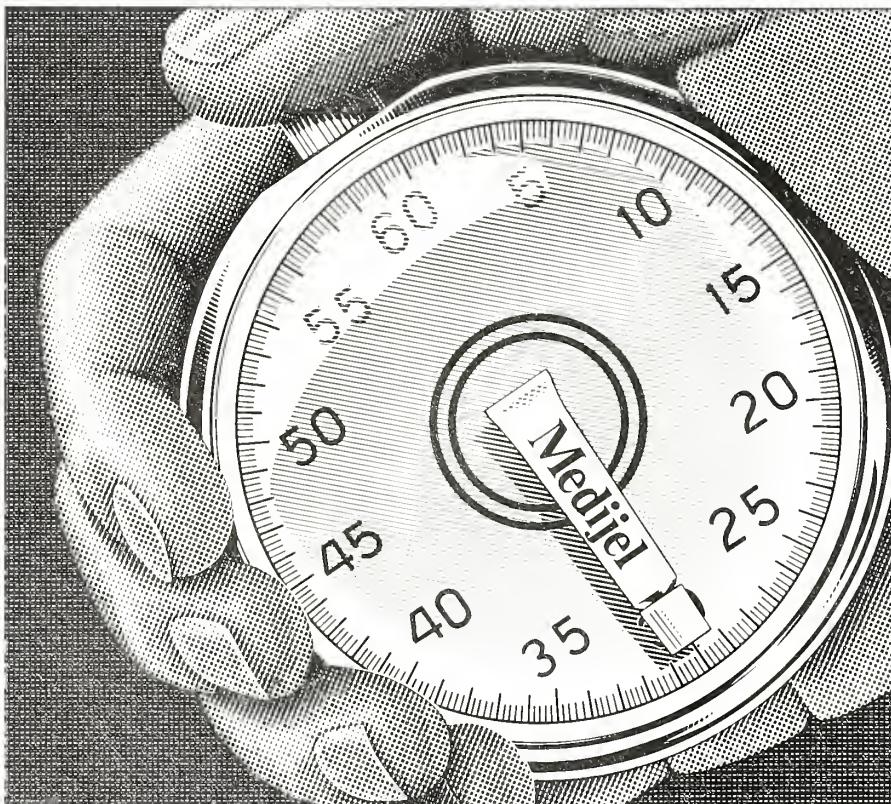
Packaged in grey and gold, the range comprises eau de toilette splash (50ml £14, 100ml £19.50, 200ml £29.50); eau de toilette spray (50ml £15, 100ml £22.50); aftershave splash (50ml £12, 100ml £17) and spray (50ml £13.50, 100ml £18.50); soap (100g £6.50) and deodorant spray (150ml £7.50). *Pascall Ltd, Warton House, 50 High Street, London E15 2ND.*

## Harmony gets tuned up

Elida Gibb's Harmony hair colour is being relaunched with a £1m television advertising campaign.

The triangular pack has been retained and updated by pastel shades. A merchandiser for the new packs is available.

Shades have been updated and the 12



## MOUTH ULCER RELIEF IN SECONDS

When you recommend Medijel to your customers you are offering relief from mouth ulcer pain within 30 seconds.

Medijel is safe, totally aspirin free and is suitable for both adults and children. Which means when it comes to sales, it's a fast mover too.

**Medijel**  
Soothing gel and soft pastilles



now available each have a girl's name. Colour coded boxes feature a different model's picture for easier identification.

The new shades are: Pearl, an ash blonde; Sandy, honey blonde; Amber, honey hazel; Rusty, light chestnut; Cherry, auburn; Rose, deep red; Sherry, rich red brown; Ruby, warm brown; Victoria, deep burgundy; Hazel, natural brown; Coco, soft mid brown; and Ebony, raven black. *Elida Gibb's Ltd, Hesketh House, Portman Square, London W1A 1DY.*

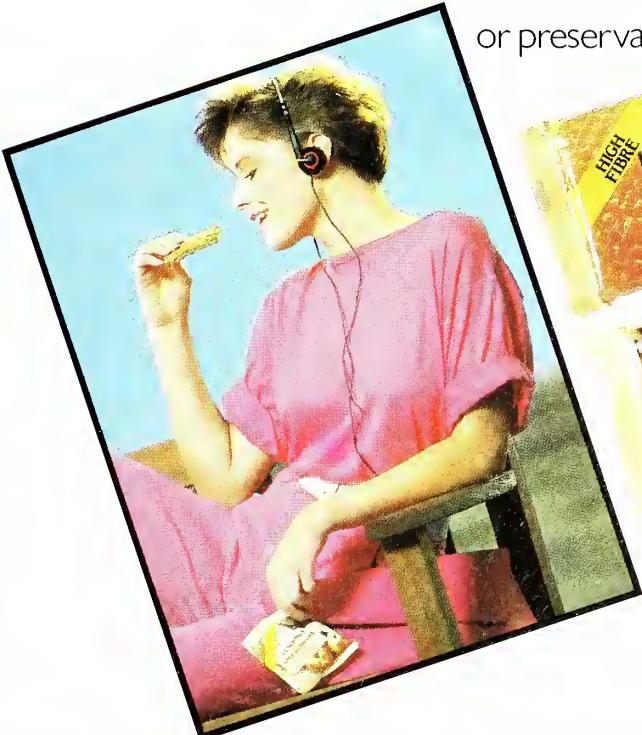
# THE SLIMMING MARKET: SOME VITAL STATISTICS.

In 1986, Limmits sold more packs than any other competitor – sales\* increased 150%!

The market is booming –  
slimmers are buying all  
year round, not just  
pre-summer.

Limmits offer a complete  
range: 4 Creams, 3 Food Bars,  
Digestives and 5 Lunchpacks.

Natural ingredients, no artificial flavourings  
or preservatives.



£500,000 campaign in  
women's interest/slimming Press  
for 1987 – starting now!

# Limmits\*

LUNCHES & SNACKS

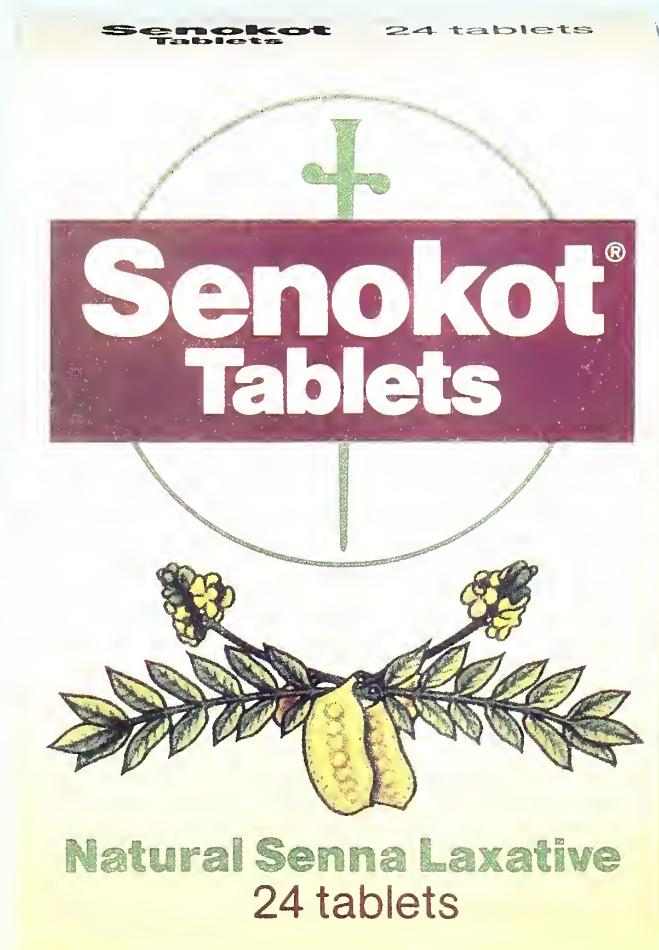
\*Nielsen Oct. 1986

\*Limmits is a Registered Trademark

Limmits can help slimming or weight control only as part of a calorie-controlled diet

# SENOKOT - THE BIGGEST-SELLING AND MOST RECOMMENDED LAXATIVE BRAND IN PHARMACY.

- No 1 selling branded laxative - 21.9% market share.<sup>1</sup>
- No 1 recommended brand - 53% of all pharmacy recommendation for laxatives.<sup>2</sup>
- One of the top 20 selling brands in OTC medicine.<sup>3</sup>



## Most-supported laxative brand in pharmacy

Senokot is being advertised nationally in women's magazines, and a new television campaign breaks regionally throughout 1987. Total advertising spend in 1987 will be £400,000.

## Thirty years of effective use

Senokot has been recommended successfully for more than thirty years by doctors and pharmacists for the safe, gentle and effective relief

of constipation. 125 million doses are sold yearly through pharmacy.

## Nature's answer for constipation - in convenient forms

Senokot contains a laxative ingredient derived from the senna plant, which has been used for centuries for the treatment of constipation. In Senokot it is provided in easy-to-take forms, either as tablets, granules or syrup.



A Reckitt & Colman Pharmacy Product.

References: 1 & 3. IMS Home Medicine Report. 2. Martin-Hamblin Research.

## Crookes' hydrocortisone makes it a 45 duo

Crookes will be launching Hc45 hydrocortisone cream 1 per cent on April 30. The product is a white non-greasy cream, unperfumed and free from lanolin, packed in 15g tubes (£1.49) with a protective membrane seal and a blue, peach and white design along the lines of E45.

The product is indicated for contact dermatitis caused by irritants, or allergic reactions. It is also effective in treating insect bites and reduces inflammation. It should not be used on the



emollient and will be promoting the regular use of the latter in between more sparing applications of the hydrocortisone cream.

Crookes will be supporting the launch with an information pack for the pharmacist which includes illustrations to aid recognition of various skin disorders. There is also a guide to counter staff with a checklist indicating where referral to the pharmacist is necessary.

Pharmacists will be invited to attend one of 20 regional seminars to be held at the end of May, where specialists will detail the use of the product. Consumer advertising will appear in the Sunday papers following the launch, and in the national daily press during the week after, announcing the product's availability and directing the public to the pharmacy.

The trade price for a carton of 12 tubes is £10.92. Introductory discounts are available from sales reps. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.*

## Just the sting! Inter Labs focus on insect bites

International Laboratories are launching their OTC 1 per cent hydrocortisone cream on June 1.

Wasp-eze hydrocortisone cream contains hydrocortisone acetate 1 per cent and is being positioned for use to relieve insect bite reactions. The retail price for a 15g tube is likely to be £1.45, say International Laboratories.

A £150,000 campaign is planned to support the product including national Press, holiday guides and travel ticket wallets. The catchline for the campaign which is to run during the Summer is: "For bites and stings and horrid things", say *International Laboratories Ltd, Wilsom Road, Alton, Hants.*

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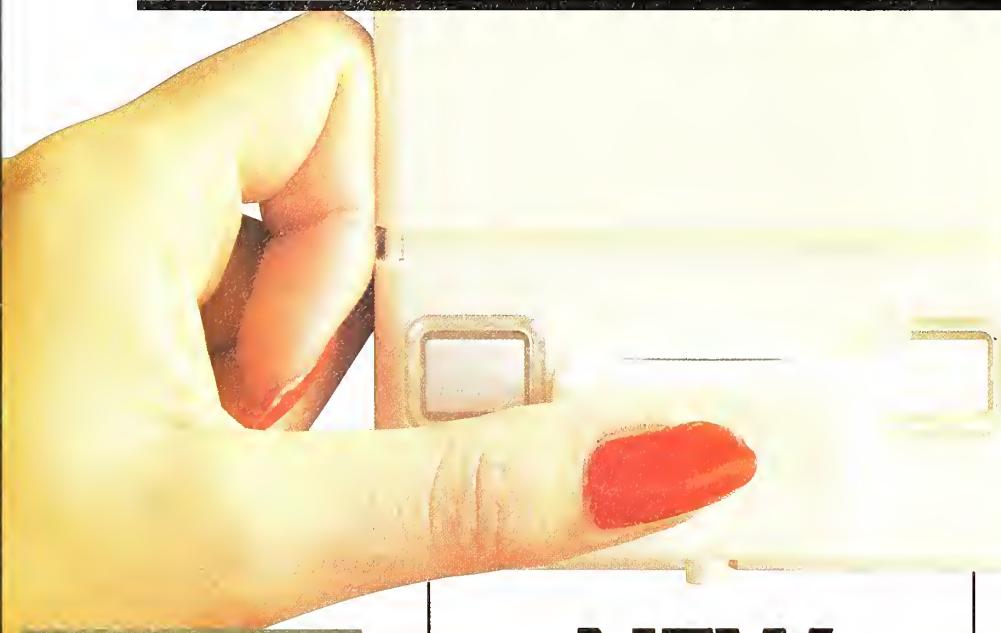
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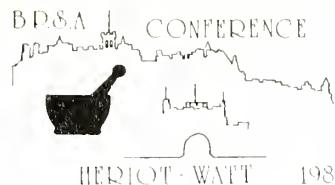
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## Ask pharmacists first, say students

The Pharmaceutical Society must consult its membership by referendum or special meeting before any relaxation on supervision is allowed, says the British Pharmaceutical Students' Association.

If such relaxation does take place (C&D last week, p685) it will cast doubt on the status of the pharmacist, said Mohammed Shakeel Bhatti (BPSA executive) proposing the motion on behalf of the executive. "Will there be any need for a pharmacy in the retail environment?" he asked over 100 delegates attending the 45th BPSA conference at Heriot-Watt University, Edinburgh, last week.

"If the membership is in favour of relaxation, then fair enough. But it is such an important issue I do not believe that a small body like Council should make the decision alone".

Seconding the motion, Dai John (BPSA president), said the BPSA was not only concerned about P medicine sales but also prescription items such as cotton wool, needles and syringes etc. "A pharmacist must look at every script before it goes out", he said.

The executive were also concerned that if regulations are relaxed, then students and pre-registration pharmacists would be carrying out some duties unsupervised, thus putting greater pressure on them.

Chris Rains (Bradford) supported the executive motion: "If we want to become more professional and more responsible, we must have a tightening up of supervision", he said. "If the profession is to implement Nuffield then a second pharmacist allowance is essential to keep supervision up to scratch."

The motion was passed by a large majority, and will be put before the Branch Representatives Meeting in May. *Continued on p756*

**BPSA Executive 1986/87: 1 to r. Fin McCaul, John Gentle, Jane Rodgers, Dai John, Andrew Stanley, Jon Cohen, Mohammed Shakeel Bhatti.**



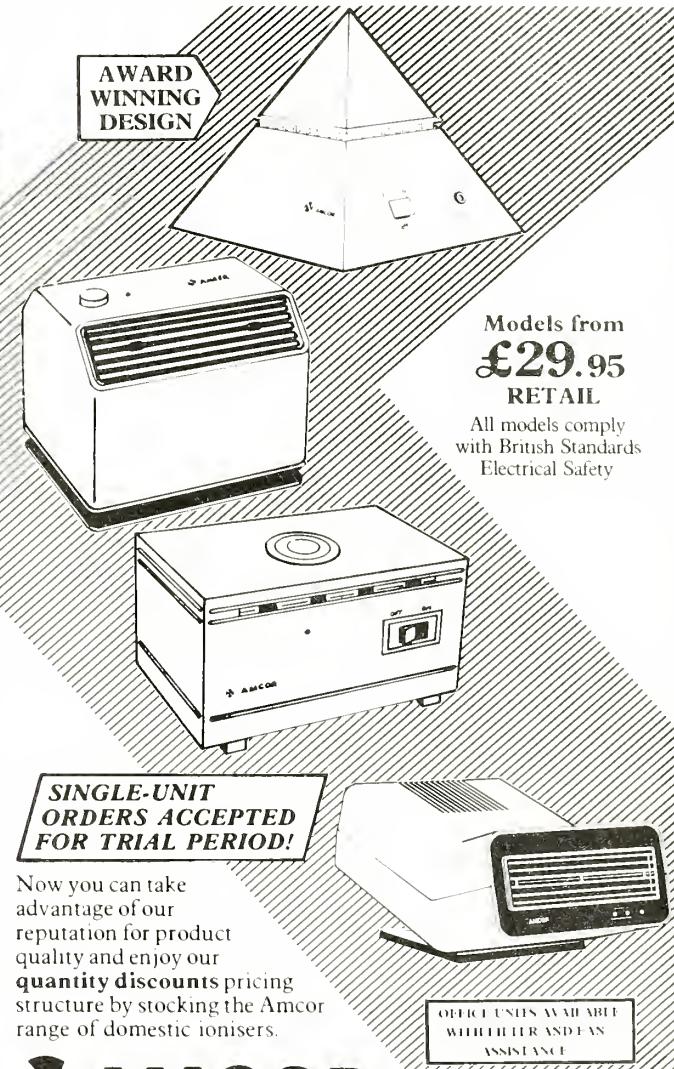
Chemist & Druggist 25 April 1987

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# BPSA CONFERENCE

continued from p755

A more heated debate followed a similar motion proposed by Ewan Cuthbertson (Aberdeen), who said that Nuffield's proposals on relaxation of supervision should not be implemented. David Kennedy (Aberdeen) argued that having someone less qualified than a pharmacist doing the work a pharmacist had once done, would be degrading to the profession. George Thornton (BPSA executive) disagreed: "At the end of the day the pharmacist is ultimately responsible. It is in his professional opinion whether or not the dispenser or assistant is capable of doing more — if the regulations are not relaxed then that in itself is degrading to the profession".

Felicity Cox (pre-reg) urged students to abstain from voting. Supervision requirements could only be relaxed if pharmacists had properly trained staff, she said. Andrew Stanley (BPSA Executive) said supervision of staff was one of the cornerstones of the profession, and is one of the things that a pharmacist is trained to do in the pre-registration year. He also asked delegates to abstain.

Mohammed Shakeel Bhatti said that relaxation of supervision was not the only way pharmacists could expand their role into the community. It was suggested by Nuffield because it was "cheapest and easiest", he said. He asked delegates to consider a surgery system for pharmacies.

Vincent Bull (Aston) said that people "were starting to pick holes" in Nuffield and this was unfair. "Nuffield is a set of recommendations" he said. "It is not dealing with the nitty gritty of the profession — some of its recommendations can be tightened, some relaxed." The motion was passed with a large number of abstentions.



New executive: 1 to r back: pre-reg officer, Chris Rains (Bradford); press officer, David Tait (Aston); treasurer, Andrew Stanley (pre-reg); skiing officer, George Thornton (pre-reg); sports officer, Ewan Cuthbertson (Aberdeen); Northern rep, Paul Dillon (Heriot-Watt); Front 1 to r: student exchange Trudi Hilton (Square); Penine rep, Mary Treacy (Liverpool); president, Hazel Rattenbury (Liverpool); general secretary Jane Rodgers (pre-reg); Western rep Sandra Hyde (UWIST); ILS, Nicola Gibbons (Aston)

views. "So often we are dismissed because we are too young and don't have enough experience. This does not mean we should not be listened to," she said.

Mark Koziol (YPG) suggested the Society be made aware of the financial problems for younger pharmacists who wanted to stand for Council. The motion was carried by a large majority.

The Conference supported a recommendation from Dennis Cooney (Liverpool) that the fee for accession to the register be charged *pro-rata* to the retention fee, and to the amount of time remaining between registration and the end of the calendar year. (At present a pre-registration pharmacist pays £38 for the pre-registration year, and £50 fee upon registration to cover the remaining months of the year).

**Statutory Committee concern:** Lively and heated debate accompanied a private motion proposed by Ian Miller (pre-reg) expressing concern at "the disproportionate number of pharmacists from certain ethnic minorities appearing before the Statutory Committee".

Mr Millar said he had conducted a survey of all Statutory Committee reports in the *Pharmaceutical Journal* between April 1984 and April 1987. He had concluded that 37 per cent of cases involved pharmacists from "ethnic minorities" which contrasted with his estimate of around 6.7 per cent on register.

"There are two ways to view this," he said. "Either a lot of pharmacists from ethnic minorities are making mistakes, or there are an unreasonable number appearing before the Statutory Committee." He urged the Society to carry out detailed research into the matter.

A delegate vote was called on the motion with 10 votes for, 6 against, 17 abstentions, and 10 votes not cast.

A second motion proposed by Fin McCaul (BPSA executive) called for the

BPSA to establish a subcommittee to "look into the appearance of certain minorities before the Statutory Committee in disproportionate numbers." The motion was defeated.

**Good relations:** Conference supported a motion calling for an improvement in the relationship between pharmacy and the medical profession. Felicity Cox (pre-reg) said this must begin at the earliest possible opportunity — as students. Better communication would encourage better prescribing habits and would elevate the status of pharmacy.

**Branching out:** Bradford students called for Pharmaceutical Society branches and schools of pharmacy to encourage students to get involved in the branch system. Chris Rains said the BPSA should work with the YPG to get students interested in pharmacy politics. The motion was passed by a large majority.

**Six year plan:** The BPSA executive is to consider a "six year" plan for the future financing of the Association. It is the brainchild of treasurer Andrew Stanley (pre-reg), and is an attempt to realise many of the BPSA's ideas, he said, by providing financial stability. The plan involves collecting "life membership" for a five or six year period at the beginning of the first year of the undergraduate course, and this would hopefully be endorsed by heads of Schools thus achieving as "near as possible" 100 per cent membership.

**Compulsory membership:** Conference endorsed a proposal rejecting the introduction of compulsory membership for the BPSA. Tom Bisset (pre-reg) seconding the motion, reminded delegates of another organisation which had compulsory membership and received very little support from its members. Andrew Stanley (BPSA executive) said compulsory membership was something that should be aimed for.

## Younger voices for Council?

**The Pharmaceutical Society should encourage involvement of younger members of the profession on Council, believes the BPSA.**

The average age on Council this year is 56, said Andrew Stanley (BPSA executive) proposing the motion. "This makes it quite a senior body for a profession that spans ages of 17 to 70. If younger members were involved in Council it would spread enthusiasm to the branches." He suggested the presidents of the BPSA and the YPG should have places on Council.

Alison Abernethy (BPSA executive) said that once students leave the BPSA there is nowhere for them to air their

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# Signs of the times

Having joined a voluntary trading group for the good deals, many pharmacies throw away the trading advantages by disregarding the physical signs of membership — fascia boards, POS, price tags, etc. John Kerry, in the sixth article of our series on merchandising, explains why symbol groups can do independents a power of good and advises on how to take advantage of them.

Scratch many pharmacies and you will find a symbol group member underneath. With most of the others, you will need to dig very deep, but still be able to uncover a sign that they too have taken the pledge to trade under one of the banners.

There is no reason to doubt the membership claims of the big three, Numark, Vantage and Pointer to Value, whose totals add up to 8,900 indicating that every independent group shop and many of the multiple shops too, belong to one or the other. True, there are a number in two groups "Vanmark" or "Nu Pointer" and a minority who are also "Nu Vantage to Value Mark".

But where are the symbols? A survey of the general public not long ago revealed an almost complete lack of awareness of pharmacy symbol groups or what they stand for. In truth most customers may buy own label or see the advertising and be unaware that the shop they visit frequently is in a voluntary group. This is most unlikely in either the grocery or hardware business where the symbols are stronger and more obvious.

Why not in the retail pharmacy trade? Several reasons emerge. Unfortunately pharmacists often join for the wrong reasons and then fail to take advantage of their membership. Let's look at some of the wrong reasons for joining:

1. "It's a way of getting a dozen brands at cut prices each month"

2. "It seemed like a good idea at the time"
3. "It saves me going to the cash and carry"
4. "It was a perk given me by the local branch manager"
5. "It allows me to get other products on discount"
6. "I enjoy the golf trips and conventions"

Membership of a national symbol group is one of the best marketing tools available to any retailer. Symbol groups offer marketing resources that no independent or group can possibly muster. In fact few if any of the multiples can match the symbols in the chemist market.

The most important aspect of voluntary trading is the symbol. Although it sounds corny, the symbol is a group's strength, the identity and the brand.

Most pharmacies treat it like membership of the secret service: "You're not going to find out about my membership, unless you give the password". No group expects any pharmacist to sacrifice his or her own identity, when adopting a symbol, but waving the flag is very necessary. How will the general public know that you're a member if there isn't a sign on the fascia or in the window that says so? The sign should be bold and it should be easily visible from at least 50 yards. All symbol groups provide a choice.

Without a sign the advertising is wasted. Collectively, millions are spent annually advertising independent retail pharmacies to the general public. With few exceptions



the message is always the same: "Shop at your local symbol pharmacy, for good products, good value and good service". This advertising is spot on for the independent, because it allows them to shout collectively: "My prices are just as good and my service is excellent".

Depending on the group, up to £500 a year per member is spent on advertising. More than most retailers spend in 20 years. Isn't it foolish not to take advantage?

Ask any member of the public where they could find a Boots branch and they'll probably name three or four locations. Ask them the same question about Vantage, P.T.V. or Numark, and if they don't say "Who are they?", they'd be hard pushed to pinpoint more than one. There are about 1,000 Boots branches but each symbol group numbers 2,000 or more.

But symbol groups offer much more than just a sign and advertising. They really do

*continued on p760*

Some POS  
from Numark



John Kerry has been in pharmaceutical marketing for 20 years including most recently four years as Vestrict's marketing manager. For the past two years he has been running his own company, Kestrel Marketing and Promotions, providing marketing services to businesses in retail pharmacy.



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Kleenex® 3 PLY POP-UP  
TRAVEL TISSUES

BE ASSURED BY THE MARK.  **Kimberly-Clark**

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† Tissues Industry Audit, PI-13 1986

continued from p758

help independents fight the giants. Corporate muscle and organisation provide the facilities for pharmacies to go to "market", confident that anything that the big boys do, they can do.

In the beginning, cut prices were important, and they still are. Retail pharmacies, even after many years of symbol trading, still do not have a good reputation for promotional pricing. Yet each month the offers often beat those in the supermarkets or drug stores. Many members do in fact follow the promotions and price offers. If this policy is consistently practised, then customers will soon recognise the value for money at the local chemist. But it can't be done overnight.

### Price is right

Price-gunned tickets, of course, are not enough. That is why groups provide bold pricing markers. This POS, professionally produced, matches that of the supermarkets and again should be used to advantage.

There are places where symbol group cut-price offers mean nothing, because the local competition from supermarkets, drug stores and multiples took the toiletries and

fast moving consumer goods market many years back.

But all is not lost, because one market that pharmacies will probably be able to compete in and do well against the multiples is in own label. Own label has come of age in pharmacies and although not yet on the Sainsbury's or M&S level, will do a great deal to bring back lost trade. This subject is dealt with in a later article.

Symbol groups offer many other, perhaps lesser resources, to help independents market their business. By nature, the resources are corporate rather than tailor made. Franchising isn't commonly practised among UK pharmacies (see *Business News* last week). If it was, one of the symbols might be as strong and as well recognised as Kentucky Fried Chicken or Prontaprint. As it is, the deliberate lack of discipline in voluntary groups has enabled those who do not take advantage of all that they offer to believe wrongly that they are getting away with it. In truth, those who buy at promotional prices and charge full price are like ostriches. Similarly, those who hide the fact that they are members do not benefit.

It's a well proven chain of events and a successful marketing strategy that attracts new customers and increases loyalty and sales.

Put up a symbol in an area where it's unknown and the effect of your action will be zero. That is until the local population spot the advertising. "Ah", they say, "That's Jones the chemist, he's got some good prices". They'll give Jones a try. Jones must in turn follow through inside with POS, promotions, own label, etc. New customers start to believe in the advertising, trust the policy and become loyal. But beware the symbol group that doesn't advertise regularly and well. Without good advertising, the chain is broken and Jones might just as well trade as "Jones chemist."

### Sense makes pence

Rarely will any single chemist be able to make full use of every resource offered by the symbol group. So you should choose those that make sense, those that will increase your sales and make sure that everybody in the street outside knows that you are part of the one that does a lot of good for your business.

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Contra-indications: Galactosacmia. Gastro-intestinal obstruction. Precautions: Lactose intolerance. **Product Licence Number** 0512/5001

**References:** 1. Floren C. et al. *J Clin Invest* 1985, **75**: 608-613. 2. Palmie P.E. *Therapiewoche* 1980, **3**: 4045-4049. 3. Hoffman K. et al. *Klinische Wochenschrift* 1964, **42** (3): 126-130.

4. Sanders J. *J Am Ger Soc* 1978; **26** (5): 236-239.

Further information is available from: Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: 0703 472281.

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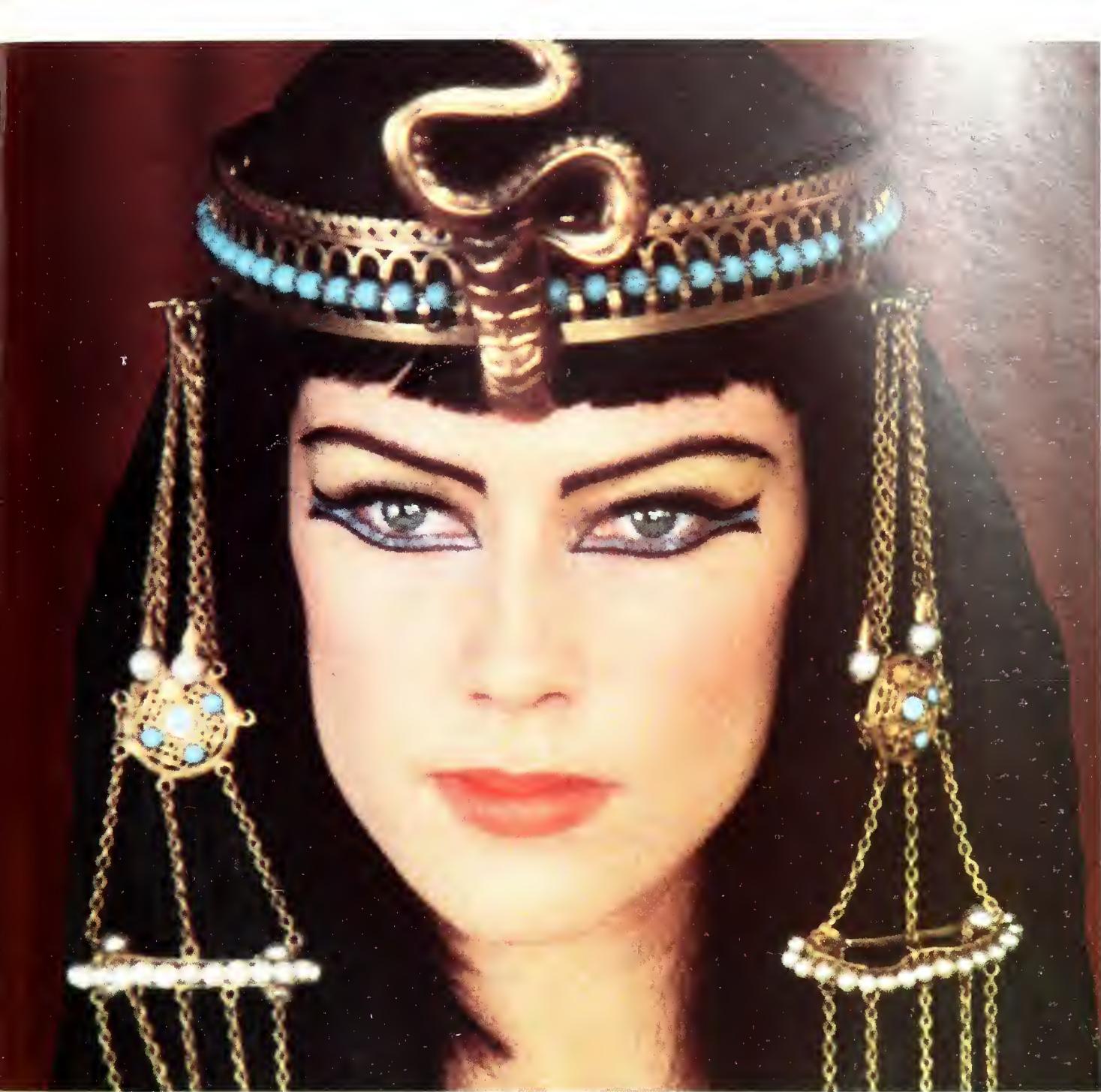
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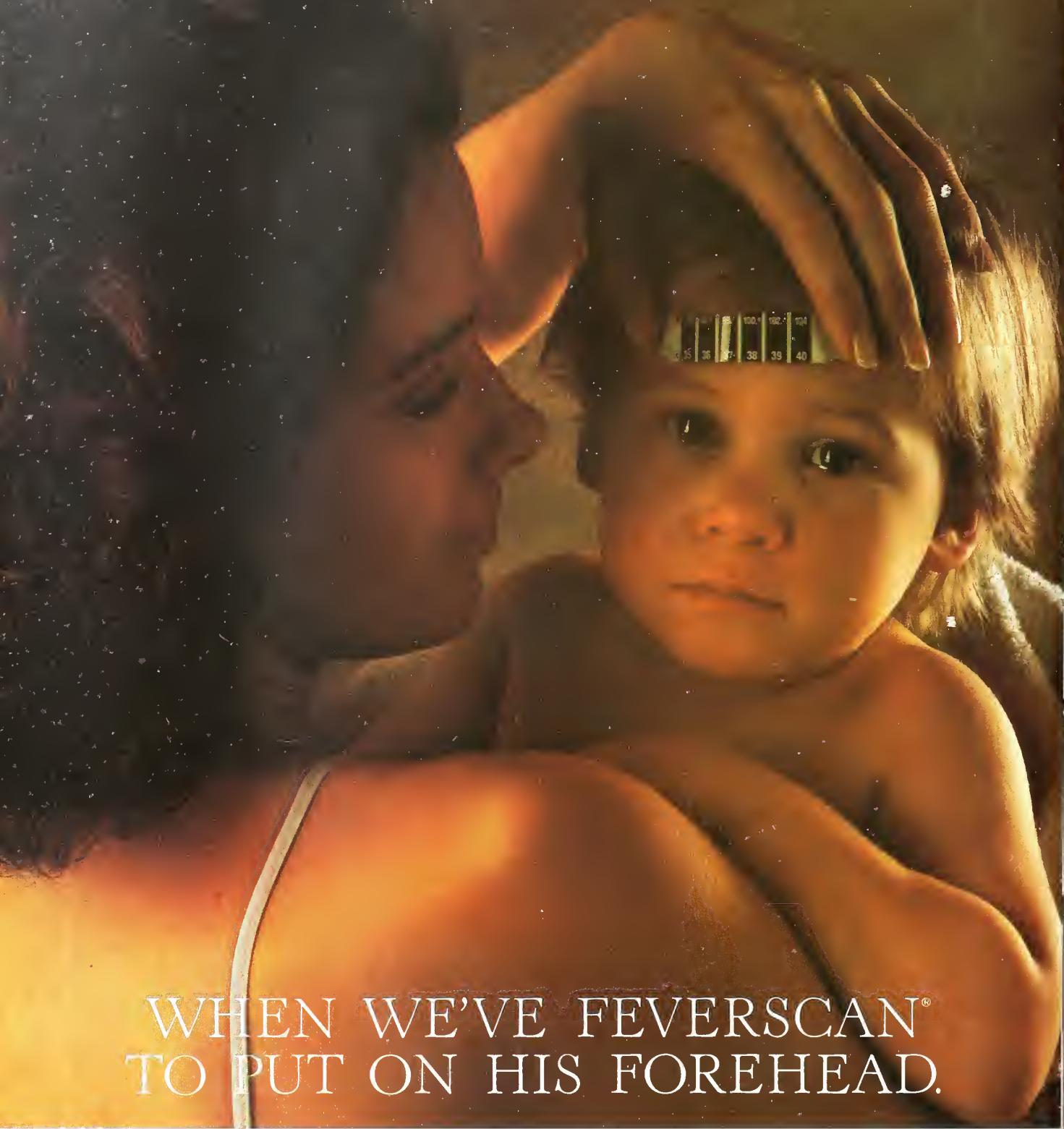
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**Robinsons of Chesterfield**



by Eric Jensen, B.Com, MPS, MInstM

## Looking to the future — the forecast factor

Assuming we are working on a yearly budget basis, divided into months, all expenses must be assessed in monthly amounts — even if they are actually paid annually, bi-annually, or weekly. Fixed and variable expenses present different problems. The fixed items, such as rent and rates, are usually known more accurately in advance: the term "fixed" means fixed in the short term, as long-term they will vary — as do the variables, such as salaries, wages, advertising, accountancy fees, and so on.

Our system should now show sales, purchases, stock level and expenses for the year ahead, with monthly figures and an estimated monthly net profit arrived at by deducting expenses from the estimated gross. Side by side with the forecast, there should be a column for the actual results of each month's business, so that any necessary adjustments can be made.

### Not too much detail

The forecast should not be overloaded with detail, and adequate room should be left for notes. We should also remind ourselves that expected gross margins are not always realised, and the gross must therefore be constantly reviewed — as described in the previous article (*C&D*, March 7, p415). Forecasts of expenses should err on the high side. There should be shown on the plus side any income from sublets and other non-trading activities; and on the minus side such items as interest on any overdraft or loan.

Although this budget control system has been designed to present an estimate of net profit from *current* business activities, the importance of *capital* outlay and receipts should be realised. So an adjunct to the system should show expected capital transactions for the year ahead. Pharmacy proprietors can find themselves financially embarrassed, despite excellent profits, if they do not make enough provision for expenditure on, for instance, a refit. A budget control system helps in deciding the timing of such commitments, so that liquidity is maintained and suppliers kept happy.

The pharmacist owning more than one pharmacy has special aspects to deal with. How, for instance, are general administrative and other expenses common to more than a single pharmacy to be allocated? How is bank interest to be debited so that each business bears its fair share? Unless every item of expense and income is properly accounted for, quite ridiculous situations can arise. For example

### To prepare a full budget control system, we must add an expenses forecast to the sales gross profit, and stock holding forecast.

the directors of one group of pharmacies produced for me figures indicating that each branch was in the black, yet the whole concern was showing a loss!

Control systems should be drawn up in close consultation with the staff involved. The whole plan hinges on a well researched sales forecast embracing NHS and OTC, and analysed into the main OTC departments. Without the help of those on the shopfloor, the accuracy of any forecast is diminished. Trying to impose sales targets onto managers and staff is inviting failure: where people have helped set targets they are much more highly motivated to achieve them.

Suppose you have a branch manager whose reward is partly linked with the net profit the branch contributes to the firm. If the branch draws certain stock from the main pharmacy, is this stock to be charged out at what it would cost the branch if it were buying on its own account, or is the branch to benefit from any of the main shop's discounts bulk buying? And if the whole business is using an overdraft, should the interest be divided between the individual pharmacies in proportion to stock-holding, or on what other basis? Unless these and similar matters have been ironed out in advance, the best of employers can finish the year with disgruntled employees.

These problems draw attention to the potential spin-off advantages of a control system. Discussion with a manager or other staff on how profit is to be realistically defined, could lead to many questions about how a pharmacy is run. Where we are considering a single pharmacy, analysis of the results from each section or department, debiting it with an equitable part of *all* overheads, is a valuable exercise. One should not necessarily expect each section to produce a profit. One unprofitable section could be drawing in customers for other profitable departments. Investigation might, nevertheless, give insight into how the unprofitable could be transformed! The probing a budget control system necessitates, and the spur it provides to act quickly to correct profit-reducing trends, are powerful arguments in its favour. Each

year the accuracy of the budget forecast should improve, as experience, and comparison between forecast and actuality, bring to light any weaknesses in the procedure.

The next step, after devising a system for *predicted* and *proven* profits, is to ask whether the profit is satisfactory. There is probably no definition of "satisfactory" to win the approval of every entrepreneur. The owners of pharmacies would, however, agree in the main that retail pharmacy is a risky venture. One of the several ways of measuring profit is as a return on the capital invested, and for this purpose we should think in terms of "pure" profit. The pure profit is what, if anything, remains after the pharmacy owner has been paid the going rate for his or her managerial services to the business; and after the net profit has been suitably adjusted. The pre-tax figure should be used. Currently an investment in a building society can give, say, a 12 per cent gross return, and one would clearly expect a substantially higher yield from a pharmacy. A minimum return of 20 per cent should be sought.

### Staying alive

Unless we are alive to the amount invested in a pharmacy, we can seriously delude ourselves over the return we are making. To use historical figures for goodwill and fixtures, can be dangerously misleading. The market is king, and the investment a proprietor has in the pharmacy is what that business would fetch — lock, stock and barrel — at any point of time. If you paid £20,000 for goodwill and lease some years ago and the present value of this is double — or half — that amount, or if you bought for ten thousand pounds fixtures and fittings which would now realise only half of the sum, it is meaningless to use the former figures in your calculation. The key question to ask is, "How much money would I have available for an alternative investment if I sold my pharmacy today?" The amount would be the total of stock, fixtures and fittings, lease and goodwill. If a freehold is involved special consideration is called for, as the percentage yield on property is considerably less, usually, than that on a business.

Another valuable guide is the percentage pure profit on sales. This figure is often more easily ascertainable than the return on investment. Private pharmacy owners might be interested to note the results

*Continued on p766*

Continued from p765

achieved by Macarthy plc for the 17 months to September 30, 1986. The profit was £1.042m on £39.784m, which is about 2.6 per cent. For Boots Retail Division, for the half-year ended September 30 1986, the figures were £42.7m profit on £898.7m turnover, or about 4.75 per cent. A few minutes' work would let the proprietor of a pharmacy calculate the percentage of pure profit on sales. The result could be thought-provoking! A percentage of 3.5, roughly half-way between the figures for Macarthy and Boots, would indicate a pure profit of £7,000 on a turnover of £200,000. This £7,000 represents the cash reward for conducting one's own business, the profit after one has drawn a "manager's" salary from the pharmacy.

### Investing time

Now let's see what this means in terms of return on investment.

Present market value of pharmacies with a turnover of £200,000 varies a great deal, but such a business might well command a *total sum* — for lease/goodwill, stock and fixtures — of perhaps £100,000 to £120,000. The return on investment based on these



figures, which are not at all unrealistic, is 7 per cent on £100,000, and under 6 per cent on £120,000. These percentages are about half the return on a building society investment. Of course, individual pharmacies might show substantial variations, and money is only one of the rewards for being one's own master or mistress. Nevertheless, the implications cannot be ignored if we are concerned with making a profit. We are often alerted to some of these aspects of pharmacy only

when a budget control system is instituted. It's not just the system itself, but the investigation needed to set it up that is so crucial an aid to profit.

Don't forget that when arriving at your return on capital from NHS dispensing, the Minister does *not* take into reckoning the goodwill value of your pharmacy. This is nothing new, and I suggest it cries out for change.

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# CNS 4: The remote world of the schizophrenic

**S**chizophrenia is a much misunderstood disease. A common misconception is that it is "split" personality. However, although such conditions do occur ("Jekyll and Hyde"), they are extremely rare; more properly called multiple personality, they involve two or more fully developed, integrated personalities which alternate. By contrast, in schizophrenia the split is between different components of a single personality — eg between mood and action — the personality becomes literally disintegrated. And schizophrenia is common: about 1 to 2 per cent of the population are likely to have an episode, although relatively few of these will become permanently affected.

Furthermore, schizophrenics are rarely violent. Criminal insanity (the "mad axemen"

**Russell J. Greene, of the Chelsea Department of Pharmacy, Kings College London, continues with an account of a condition most associated with the term "madness", but about which there is more ignorance than any of the illnesses we will be considering in this series.**

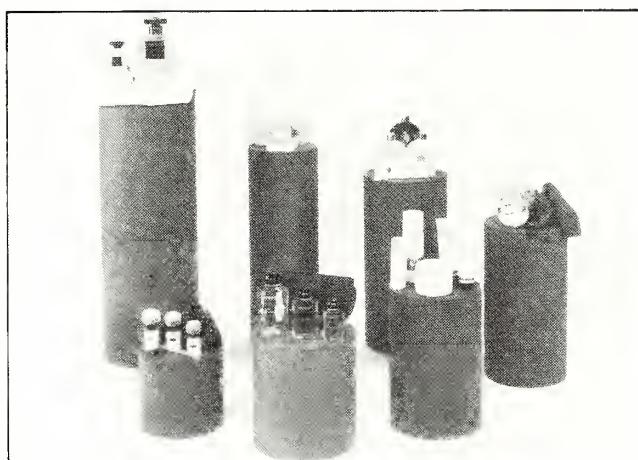
of the popular Press) is a different condition, psychopathic personality. Finally, although many schizophrenics are quite out of touch with reality, they suffer greatly from their disease.

## The nature of schizophrenia

The experiences of schizophrenics are very remote from everyday experience. They lose their grasp of the distinction between illusion and reality, or between self and the "outside world". As a result, the schizophrenic believes there are powerful external influences on his thoughts, and that these thoughts are easily read by others.

This loss of the ultimate privacy — that of our thoughts — is partly what makes schizophrenics so miserable and confused. Many schizophrenics, except in the acute

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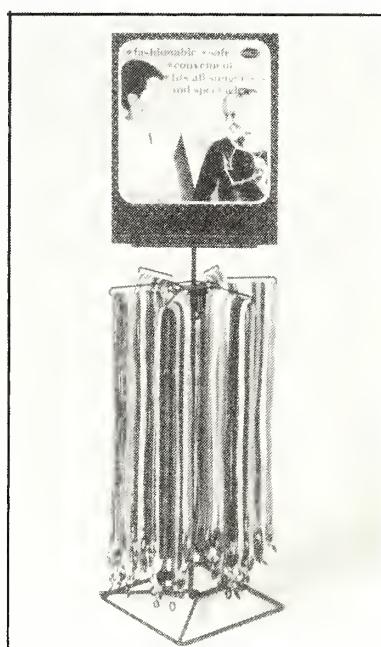
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phase, give a strong impression of perplexity and bewilderment. They are convinced of the authenticity of their own reality, and cannot reconcile this with the way other people react to them.

There seems to be a complex interaction between genetic predisposition and environmental factors, especially social ones, in the causes of schizophrenia. **Biological** theories include dopamine excess (suggested by the action of antipsychotic drugs), auto-immune or viral encephalitis, and even a reduced size of the brain ventricles. **Functional** theories propose incomplete adjustment to society, especially the family. The "antipsychiatrists" suggest, on the other hand, that schizophrenia is an understandable response to a hostile and irrational world.

The symptoms of thought disorder, inappropriate mood, delusions and hallucinations suggest involvement of the limbic system (emotional responses and beliefs) and the reticular system (monitoring of perceptions). However, most research is done on post-mortem brains, when it is difficult to distinguish the effects of chronic disease from those of prolonged therapy.

**Table 1 – Symptoms of schizophrenia**

Disordered function	Examples
<b>Thought</b>	Distorted or irrational reasoning Cause-effect links unrecognizable Private language; neologisms
<b>Belief</b>	Delusions — grandeur — paranoia — external control — thought insertion — broadcast thoughts
<b>Perception</b>	Hallucinations — usually auditory
<b>Mood</b>	Blunting (flattening) of affect Inappropriate emotional responses
<b>Behaviour</b>	Bizarre, irrational Withdrawn, antisocial

The management of schizophrenia remains essentially symptomatic, the aim being to relieve the patient's suffering. We can do little to reverse the disease process.

### Clinical features

Table 1 gives a simplified list of symptoms, classified according to the mental functions identified in the first article in this series (C&D 13 September 1986, p427).

Thought disorder causes patients to make bizarre statements about cause and effect, sometimes using invented words or special meanings (eg, "I'm in hospital because of my minarets"). Some patients have elaborate paranoid delusions: everybody is spying on them or plotting against them — relatives, police and even governments. They may hear the voices of their tormentors talking about them, or see their own names in newspapers.

Other common delusions involve their actions being completely controlled by others, often by invisible rays or wires; hearing what they have just thought broadcast on the radio; or believing foreign ideas are inserted into their brain. Often

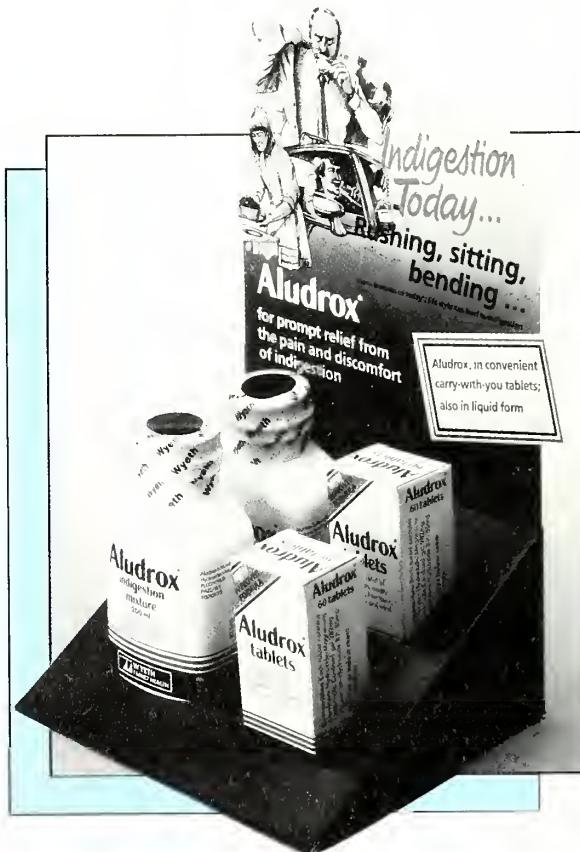
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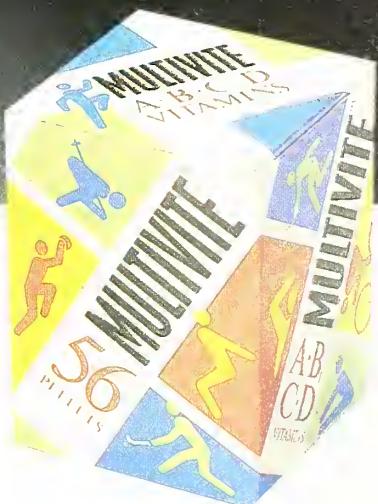


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continued on p776

their emotional responses are reduced. The result is the markedly unusual behaviour popularly known as "mad".

In different cultures or times the symptoms take different outward forms, but the overall pattern is consistent. Thus in medieval Europe the persecutors were not Martians but devils or evil spirits. The same applies to current day pre-industrial societies. Transcultural studies have shown a roughly equal prevalence among all societies, although the expression differs in fascinating ways.

When patients present with many of the above symptoms in an acute florid form, it is classified as Type I or "classical" schizophrenia. In Type II, patients are chronically passive, apathetic and withdrawn. The former pattern is predictive of a better response to medication.

The commonest time of onset is late adolescence and it is rather commoner in men than women. About 25 per cent of patients will suffer just a single episode, recover and lead normal lives thereafter. Most other patients can be managed by a combination of occasional hospital admission, family or community care, and sometimes maintenance drug therapy.

Nowadays only a minority of patients (about 25 per cent) are permanently disabled and need continuous hospital care. A disturbed previous personality, with poor social adjustment, is a bad sign, and many of these patients become chronically ill with frequent relapses. Such patients are in danger of becoming "institutionalised", so that even when the disease eventually burns out they are unable to live independently, and rely on hospital care.

## Management strategy

Both drugs and psychotherapy have a place in management. The aims are:

- control acute attacks and prevent harm (to self or others)
- rehabilitate the patient (if possible)
- start long-term support, and maintenance therapy as appropriate.

In acute attacks, the patient is deluded,

hallucinating and incomprehensible. The objective is to control this, and prevent the patient committing any mischief. Such patients may have to be compulsorily admitted to hospital. **Neuroleptic (antipsychotic)** drugs in high doses (eg **chlorpromazine** 500mg per day) are used. Very occasionally electroconvulsive therapy (ECT) may be needed for resistant psychosis, especially with agitated or retarded features. Even so, relief takes a matter of days not hours. Drug administration during this time is supervised; liquid formulations permit checking that the dose has been swallowed.

Subsequently, drug dosage can be gradually reduced, and the outlook assessed. A favourable prognosis is indicated by an acute onset (perhaps a recent stressful life-event), a well integrated previous personality, and a supportive home environment. Patients with a long history of eccentric, antisocial or withdrawn behaviour, difficulty in forming relationships, an insidious onset and a poor domestic situation have a poor outlook. Usually, six to 12 months treatment is needed after a single acute attack, and longer after a subsequent one.

For many patients simple supportive psychotherapy is indicated, to help them adjust to living within the community. This may involve simple coping-skills training, occupational therapy and hostel or "halfway house" accommodation. Patients are nowadays discharged into the community as soon as possible. To help maintain remission, people in contact with the patient are encouraged to be supportive.

This trend towards early discharge has been helped by the development of long-acting injectable depot drug formulations. However there has been increasing concern about the long-term adverse effect, *tardive dyskinesia*. This late developing extrapyramidal syndrome is now a widespread problem and has provoked a reassessment of the role of maintenance neuroleptic therapy. Consequently the use of other modes of care has increased.

Formerly, a patient who was a poor risk

would be kept on drugs indefinitely. Nowadays, each acute attack is treated with drugs but minimal maintenance therapy is attempted between attacks, possibly by giving only one evening dose; or none is given at all. Depot injections have also helped, by allowing reduced total doses.

Drugs do nothing to alter the underlying disease process or its progression, and may have long-term adverse effects on the brain. Nevertheless, community depot therapy is still important in the maintenance of many patients for whom psychotherapy or family support is inadequate, or who would have frequent acute attacks without it. Either they attend a special clinic once every two to four weeks, or they are visited by a community nurse who gives the injection. This has the added advantage of regular informal monitoring of how the patient is coping.

## The neuroleptic drugs

**Actions.** The original phenothiazine neuroleptics have anticholinergic, antihistaminic, anti-adrenergic and anti-dopaminergic actions, and the antipsychotic action correlates well with the last of these, as do other useful actions (eg anti-emetic) and many adverse ones. Newer groups (eg the **butyrophenones**) are more specifically anti-dopaminergic, with less autonomic adverse effects, but accentuating those due to dopamine block. The **thioxanthines** also have some antidepressant activity.

Neuroleptics have a wide spectrum of psychotropic actions. Their ability to sedate without general impairment of consciousness — ie *tranquillise* — produces an anxiolytic, tension-relieving effect. The term *antipsychotic* describes a remarkable ability to banish hallucinations, diminish delusions and straighten out distorted thought. A third very useful action, *psychomotor inhibition*, is a specific depression of overactive thought and activity. These properties are shown to a different degree by different groups and their usefulness in the target symptoms of common psychiatric illnesses is given in Table 2.

**Adverse drug reactions.** These derive largely from their pharmacological actions. Others are nonspecific or idiosyncratic effects. These are summarised in Table 3 for the phenothiazines, the group with the widest spectrum of adverse effects.

The anticholinergic actions and the consequent precautions are the same as for the tricyclic antidepressants. Reducing the inhibitory action of dopamine in the hypothalamus impairs a number of regulatory mechanisms. Dopamine blockade in the basal ganglia causes the well known EPS (see below). Jaundice and photosensitivity are the commoner nonspecific effects.

**Table 2 — Psychotropic properties of the neuroleptic drugs**

Property	Target symptoms	Illness	Most useful group
Tranquillise	Anxiety, tension	Anxiety	<b>Simple phenothiazines</b> (eg chlorpromazine)
Psychomotor inhibition	Racing thoughts, hyperactivity, agitation	Mania, (Schizophrenia)	<b>Piperidyl phenothiazines</b> (eg thioridazine)
Antipsychotic	Thought disorder Hallucinations	Schizophrenia	<b>Piperazinyl phenothiazines</b> (eg trifluoperazine)
	Delusions	Mania, Endogenous depression	<b>Butyrophenones</b> (eg haloperidol)
		Schizophrenia	<b>Diphenyl butylpiperidines</b> (eg pimozide)

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continued from p772

Which adverse effect predominates varies from group to group. Generally, the more potent the drug, the less its automatic effects and the greater its EPS actions. One interesting exception is the piperidyl **phenothiazine** group (eg **thioridazine**), which has an enhanced anticholinergic action counteracting the EPS.

**Extrapyramidal reactions.** Dopamine is an important transmitter in the basal ganglia, as well as in the limbic system, so some disturbance of fine motor control seems inevitable. Though usually harmless, these worrisome extrapyramidal symptoms are an important cause of non-compliance.

Dopaminergic action in the basal ganglia is normally counter-balanced by cholinergic fibres, but not so in the areas responsible for psychosis. Thus it is possible to counteract the adverse effects with anticholinergic drugs without diminishing the antipsychotic action. Although most EPS are due to dopamine block, **tardive dyskinesia** is probably due to receptor supersensitivity, which makes its management much more problematic. EPS can be classified into four groups (table 4).

Some patients react alarmingly after the first dose or so, with **acute muscle spasm**, usually in the head and neck region, with an uncontrolled rolling upwards of the eyes (oculogyric crisis) or a stiff jaw. These reactions are easily treated by parenteral anticholinergics (eg **procyclidine**), but can severely damage confidence in the therapy.

Patients can start to develop **motor incoordination** similar to idiopathic Parkinson's disease. Though disconcerting for the patient, it often remits spontaneously after a few months, even without medication. Oral anticholinergic (anti-parkinson) therapy is becoming much less common because in addition to its anticholinergic, and possibly psychotomimetic (eg delirium), adverse effects, its use seems to be associated with tardive dyskinesia. Instead, stronger efforts are made to encourage the patient to tolerate the symptoms in the hope that they will eventually subside.

**Akathisia** is for many patients the most disturbing symptom. It may be treated in the same way as pseudo-Parkinsonism although it is more difficult to control.

**Tardive dyskinesia (TD)** may develop after months or years of successful therapy, or even after drugs have been withdrawn. Its bizarre symptoms cause very unsympathetic reactions in onlookers. Lip-smacking, chewing, grimacing facial expressions paradoxically make the patient look like the popular personification of craziness, yet the drugs responsible are in fact controlling it.

TD is poorly understood. It occurs most commonly after long courses and high doses of almost any neuroleptic. It seems to be encouraged by both intermittent therapy and anti-parkinson treatment.

Table 3 — Adverse effects of phenothiazines

Pharmacological basis	System affected	Example
Dopamine block	Basal ganglia Hypothalamus	Extrapyramidal syndromes (EPS) Fluid retention/oedema Weight gain Hyperprolactinaemia
Adrenaline block	Arterioles	(Postural) hypotension
ACh block	GI tract Eyes Bladder Heart	Dry mouth; constipation Blurred vision Urinary retention Tachycardia/palpitations
Nonspecific	Liver Skin Bone marrow	Jaundice Rashes; photosensitivity Agranulocytosis

Paradoxically, reducing the neuroleptic dose intensifies it, while increasing the dose temporarily alleviates it. Different drugs have been used to treat TD, including diazepam, reserpine and choline, without much success.

The best strategy seems to be to reserve neuroleptics for serious psychosis and keep courses as short as possible. If only mild, TD may be ignored, especially if the patient might relapse without neuroleptics. If the symptoms are intolerable or dangerous, the neuroleptic dose must be cautiously reduced until they remit. If psychotic symptoms then recur, re-starting the neuroleptic, or perhaps a different one, may be possible without recurrence of TD. If not it is a difficult position indeed.

**Kinetics/posology.** Most neuroleptics have a half-life greater than 24 hours and single daily doses are usually adequate; evening is the best time. Plasma binding does not present any interaction problems. Clearance is usually hepatic, which must be borne in mind since hepatotoxicity occasionally occurs.

Non-compliance is an ever-present problem in psychosis. In the community, depot therapy has ameliorated this. In hospital, oral liquid forms help ensure that the more resistant patients are really swallowing their medication, but are

otherwise inconvenient.

**Selection.** The more potent agents with a greater likelihood of EPS should be reserved for severe psychotic symptoms. Other conditions benefit from the relatively nonspecific depressant action found with the less potent drugs.

If there is an affective component a thioxanthine may be indicated. However, there is little need for fixed-dose tricyclic antidepressant/neuroleptic combinations. The tranquillizing component in these would be better provided by a benzodiazepine, if it is essential to attack both target symptoms (anxiety and depression) with different drugs. It would be preferable to determine which disorder is primary. Some studies have found that patients improve equally, whichever component is given alone and whatever is the differential diagnosis.

### Depot therapy

Depot formulations are esterified neuroleptic suspended in an oily vehicle. Before exerting its clinical effect it must be partitioned into the plasma from its lipid depot and then de-esterified by hydrolysis. A single injection can maintain effective plasma levels for between 14 and 28 days.

If a patient needs medium or long term maintenance on neuroleptics, there are a number of advantages in depot therapy:

- lower total dose
- facilitates community care
- better compliance
- prevents accumulation/abuse of unused tablets.

The maintenance dose on the oral form is found first. The required injected dose is usually substantially less than the total oral dose. For example, a 10mg daily dose of fluphenazine might become a 25mg fortnightly dose. This greatly reduces adverse effects, especially EPS; however, if they do occur, the drug cannot be cleared quickly. Depot therapy, either via special outpatient clinics or community nurses, has greatly helped the trend to community care for chronic schizophrenics.

Table 4 — Extrapyramidal adverse effects induced by neuroleptics

Class	Common symptoms
Acute dystonias	Abnormal muscle tone; spasm, rigidity Oculogyric crisis
Pseudo-parkinsonism	Dyskinesias (abnormal movements)
Akathisia	Restlessness and agitation
Tardive dyskinesia	Abnormal face, mouth or jaw movements

# High tech on trial

The feasibility study, recently coordinated by the London firm of management consultants Arthur Andersen, could have a good deal of influence on whether or not pharmacists are paid on the strength of prescription data captured by pharmacy computers and transmitted electronically to the Prescription Pricing Authority.

The study was originally to run for six months starting in September last year, involving 18 pharmacies using equipment from John Richardson Computers, Unichem and Vestric.

However, the plans had to be redrawn when there were some networking problems last November. The problem was one of communication involving the ICL networking part of the system (see diagram) and nothing to do with the software and computer hardware being used in the pharmacies. This slowed down data transmission.

The three computer suppliers and the pharmacists who took part in the trial were on the whole happy with the equipment. John Richardson told *C&D* he was quite surprised at the level of sophistication in programming that they had been able to achieve in a relatively short space of time.

Once the networking problems had been sorted out the trial continued but the number of pharmacists had to be reduced to ten so that the study could still be completed by February this year while allowing each pharmacy a reasonable time in the trial.

At the time of writing, the draft report of the study was being circulated for comment and is due to be passed to the Department of Health on whose behalf the study was done. Whether any further moves are made in the direction of direct computer pricing will

**Pricing prescriptions from data captured by pharmacy labelling micros and transmitted electronically may one day be the norm. And if the results of a recent feasibility study are favourable it could move one step closer. *C&D* talked to those involved in the trial to find out how it went.**

depend largely on the Department's conclusions from the information presented to it.

From the point of view of the pharmacists, taking part in the trial meant a little more keyboard work in producing labels than before, but the prospect of less sorting of dispensed prescriptions which were simply sent to the PPA in the order they were dispensed rather than being sorted into doctor order.

For the purposes of the study payment was made in the usual way and at the same time the information received via the computer network was checked against that on the prescription forms.

The general consensus, gleaned by Arthur Andersen at a seminar held after the study had finished, was that most pharmacists taking part had fairly quickly become used to inputting the additional information required for each prescription such as patient status (ie whether they were exempt or not and if so what type of exemption), GP code number, number of items, type of prescription, product PIP code, etc. But for this extra work an

additional payment would be needed to encourage pharmacists actually to do it.

The main problem encountered by almost all the trialists was data transmission time: sending the information via the ICL network to the PPA took a lot longer than originally expected. The problem was sorted out to some extent when the networking difficulties were resolved. And Arthur Andersen feels that further improvement should be possible.

Talking to pharmacists individually, *C&D* gathered that sometimes PIP codes caused problems either because some products did not have one or because there was one for each manufacturer of one type of product, eg aspirin or cotton wool could each have half a dozen or more PIP codes. Similarly the perceived benefit of faster payments could have its drawbacks: for example, the interest allowed on benefit could fall and the faster cashflow might lead to shorter periods of credit allowed by suppliers.

The first pharmacist to start on the trial last September was Mr P.A. Soneji, Letchworth, who completed the full six months. He told *C&D* that, as with any trial, many problems had to be sorted out initially, the main one being transmission. It was taking up to one hour to transmit information which should have taken only 10 minutes. But this was soon remedied and by the New Year everything was working well.

He would be willing to use this method of pricing permanently if it speeded up NHS payments and if contractors were given some incentive — for example, a share in the savings achieved.

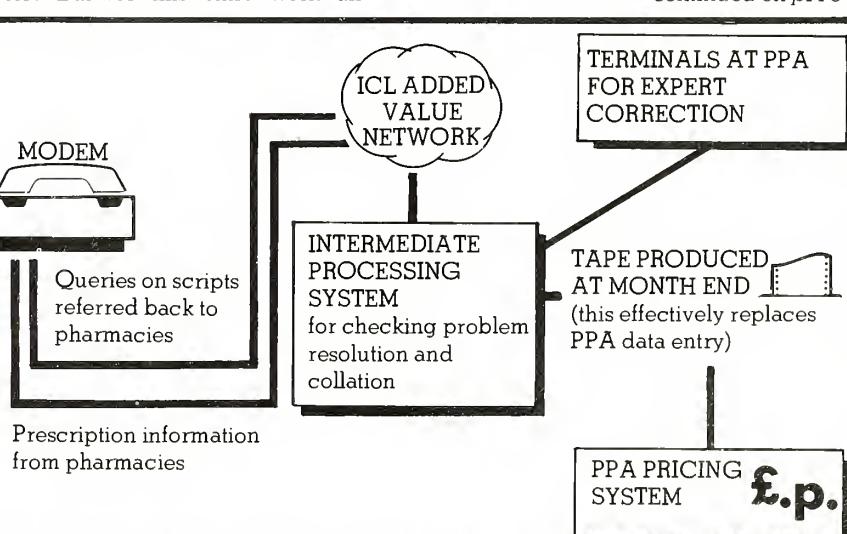
"We had to put in a lot of information but once we got going it was easy," he said. "If

*continued on p778*

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continued from p777

all contractors used this method the Department of Health would have much useful prescribing information at the press of a button." Mr Soneji used a Unichem system.

Wigan pharmacist John Campbell, who also used Unichem's system, thought the scheme was a good idea subject to certain revisions. There was a lot of work involved at first in learning how to use the new system and in memorising extra codes. Whereas previously he had been able to produce a label every 15 seconds when working flat out, in the trial the time was increased to 25 seconds but he felt this could be improved with some small changes.

He thought it a pity his trial was delayed because of the networking problems, so was shorter than intended, because he was just coming to terms with it when it finished. After speaking to other pharmacists who took part he concluded that the overall operation must have been a success in the amount of information generated and the comparative ease with which the trial went. "We all had our individual minor problems but there did not seem to be any single problem that affected everyone," he said.

He would support this method of pricing on a permanent basis, providing pharmacists were properly remunerated.

Gerard Ogle of Pershore, Worcs, quite enjoyed the experience. "It was no problem at all and very easy for us because Unichem had done a good job on our programme," he said. He experienced some minor difficulties on occasions when the PPA did not have the PIP codes and had to ask what had been dispensed.

## Keyboard discipline

Berwick-on-Tweed pharmacist Mr W.G. Gray, who used a John Richardson system, agreed that the trial went well, although it was not easy at first and he took about two weeks to get used to it. He found the procedure much easier than endorsing prescriptions in the usual way and it was better discipline because the details had to be keyed in immediately instead of being left until later, when endorsing could take a long time to catch up. He thought that once the programme was refined even further, based on the trial's findings, it should become even easier.

Mr Peter Buckley, Wigan, thought the method of pricing was a good idea but it involved a lot of extra work, for which pharmacists would need a fair payment. For example, time was taken in transmission and pharmacists had to make sure they gave the accurate PIP codes. When they changed pack sizes they had to look up new codes and feed them into the computer.

There was a suggestion that



computerised pricing would mean faster payment for pharmacists but Mr Buckley thought companies might tighten their credit as a result so there would be no advantage.

He found one of the biggest hassles was having to state the reason why patients were exempt from charges. This caused "quite a lot of aggravation because customers thought we were snooping," he said.

Mr Buckley used a John Richardson system.

Mr Michael Tucker, Prestatyn, who only participated in the trial for six weeks using the Vestric Link 3 system, said he soon got the hang of what was wanted as the procedure was only slightly different from the labelling system he already used. One big problem was transmission — it could take one or even two hours to get on to the network but fortunately he could still use his labeller while transmitting, which some other pharmacists could not.

If the PPA wanted to query what was dispensed it was most helpful having the prescription referred back in a few days when he could still remember the details. This also meant he did not have to wait another month to get paid. He thought the method took no longer than conventional endorsing.

Mr Richard Clitherow, in Liverpool, suffered few delays in sending information to the PPA. He attributed this to the fact that he had spent some 30 hours pre-programming his Richardson system with short codes which would call up PIP codes and GP numbers, for example. This meant that all his labelling and script information was already in numeric form when it was presented to the networking device.

The short codes also cut down on the time needed to prepare labels but nevertheless Mr Clitherow thought the process still took longer because of the extra information that was required. For that reason he was very much in favour of an extra payment for the extra work. But he said the extra cash would have to be separate from the "global sum" allotted to pharmacy contractors.

Mr Clitherow was not so sure that the computer pricing system would appeal to all pharmacists. There would be many who would rather trust a manual pricer's ability than their own computer competence, he said.

Tom Mensley, Newcastle, said he personally was not bothered about receiving additional payments for inputting the extra information. He found that the time taken to do that was to a large extent made up for by not having to sort the prescriptions. And once he had got the hang of typing in the information for each item he found it no great problem.

However, he agreed with Mr Clitherow about PIP codes for products such as cotton wool or aspirin where there was a different code for each manufacturer. He thought it would be better if there was simply one code for such products.

Mr E.T. Neal in Hemel Hempstead, using a Unichem system, found that having to identify each drug dispensed particularly individual ingredients of extemporaneously prepared items could be helpful for stock control. Like many others in the trial he said that transmission times would have to be speeded up, for the sake of the telephone bill if nothing else. But he found it useful to be able to receive queries back down the telephone line rather than having to wait for the post.

## Talk to us

The second pharmacist using a Vestric system, Mr Dennis Outram, from Leigh, Lancs said that the computer programmes could be improved to make the data entry easier and that those designing software for such a pricing system, if it were to be introduced, would do well to talk to the pharmacists who had been in the trial about how to improve them.

The Pharmaceutical Services Negotiating Committee representative on the trial Steering Committee was Dr Gordon Geddes. He told *C&D* that links between the PPA and pharmacies have been on the cards ever since the PPA computerisation was initiated and micros appeared in pharmacies. But in his opinion this linkage trial was premature, (a) because it started before the computerisation of the PPA was completed and therefore the benefits have not been fully realised and (b) because pricing procedures have not been simplified as much as they might be after the introduction of original pack dispensing which is looming on the horizon. Nevertheless the PSNC's role is to safeguard contractors. Therefore, said Dr Geddes, any change should be on a no detriment basis to contractors who should benefit to offset the inevitable upheaval change brings with it. And Dr Geddes thought the net savings achieved using such a pricing scheme would only be in administrative costs and that it may be better to direct money-savings efforts elsewhere.

All that said, because the report to the Department was imminent, Dr Geddes felt he should not comment further on the trial.

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# The NPA's answer to all your questions...

**The pharmacist's lot is a lonely one. Too few have the luxury of a "second pharmacist" or access to a second opinion. But for NPA members with a sense of professional isolation, help and reassurance are but a telephone call away.**

**F**ew pharmacists would dispute the impact of the National Pharmaceutical Association's "Ask your pharmacist..." campaign. Since its launch in 1983 it has succeeded in raising public awareness of the profession and what it has to offer. Market research has confirmed what pharmacists themselves are already experiencing. More people are indeed asking their pharmacist.

But the NPA didn't need market research to justify the campaign, or the large amount of members' money it involved, says head of the Association's Information Department, Jo Field. A glance at her department's records shows that prior to the campaign, 23,500 calls were logged in 1981. In 1986 this figure rose to 51,000 — around 200 calls a day or one call every two minutes. And that, she believes, is a direct consequence of the campaign.

The Information Department is in a sense the pulsebeat of NPA membership. Mrs Field and her staff have more contact with pharmacists on a day-to-day basis than any other department in Mallinson House, and thus greater familiarity with pharmacy practice at the grass-roots.

Around 40 per cent of calls they receive are Drug Tariff queries, says Mrs Field. "The new Tariff in 1985 caused many problems. There were so many amendments and pages to be inserted each month that a lot of pharmacists just didn't want to know." But the situation is improving and it is now easier to use — "if only pharmacists will keep it up to date" — because large portions of it are being reprinted *en bloc* each month.

"We obviously have to keep the Tariff up-to-date in the department and it takes about half-an-hour a month which is nothing compared to the amount of money the pharmacist can lose if, for example, a disallowed appliance or a black-listed product is dispensed," she says. The most expensive item dispensed in July 1986 was £6,416.10. What a blow if it had been disallowed!

Mrs Field's advice is that the more pharmacists use the Tariff, the easier it will become, and members will have no excuse when the NPA publishes its own updated Tariff Guide later this year, prepared in consultation with PSNC.

Queries on suppliers account for another 30 per cent of calls, reckons Mrs Field. The remainder is split between drug interactions and side-effects, legal queries (Medicines Act and Controlled Drug Regulations), foreign drugs and



See if you can answer some of the queerer queries Mrs Field is asked (solutions on p783).

1. Are turkeys colour blind?
2. Are false eyebrows allowed on FP10?
3. What sort of paint do you use for pigeons' perches?
4. Which King took powder from a human skull when on his deathbed?
5. What would you recommend for a giant turtle which has lost its appetite?
6. Why was rhubarb so expensive in 1685?
7. Can a doctor prescribe gluten-free sausages on FP10?
8. What can you use to keep bagpipes moist?
9. Are Muslims allowed to take oral contraceptives?
10. What are Beloney stockings?

prescriptions, and the more amusing "odds and sods" (see left).

Then, of course, there are the "burning issues" of the day which can have a dramatic effect on the number of calls. For example, just after the introduction of the limited list, the NPA was receiving 450 calls a day. "The list's impact was instantaneous. There had never been anything like it before, and the way it was interpreted changed from day to day, causing confusion and panic among pharmacists," says Mrs Field.

And while few pharmacists relish the prospect of a drug recall, she dreads it more than most. "The worst start to my day is to wake up in the morning and hear on the 6.30am news of a drug being recalled. We usually have very little advance warning from the Department of Health of any withdrawal, and in the beginning often have no more information than the pharmacist who has also heard it on the news that morning. Obviously if we did have prior information then we'd be able to get better advice out more quickly to members." CSM please take note.

However, one exception to this state of affairs was the withdrawal of paediatric aspirin in June 1986. Having received two days' notice of the CSM's decision the NPA was able to get information out to members to coincide with the formal announcement.

## Book and bell

The day-to-day running of the department is split between dealing with phone calls and scanning and abstracting around 60 scientific, medical and trade journals. Information is filed on the department's 400,000 index cards, each of which can hold up to six pieces of information, some dating back as far as 1930.

Mrs Field is the only pharmacist in the department, but she has three qualified dispensing technicians and one veterinary nurse manning the phones too. She says there are obvious advantages to having staff with a community pharmacy background. "They understand the pressure NPA members work under and the importance of giving correct answers quickly."

Training assistants can take up to a year before they are fully confident in dealing with queries, she says, but one important thing to be learned is his or her personal limitations. "They must know when to refer a question or caller to me, or another

continued on p783

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continued from p780  
pharmacist at Mallinson House."

But there is great reliance on the knowledge, experience and memory of each member of the team and a great deal of consultation takes place. Mrs Field says around 95 per cent of queries can be dealt with there and then on the phone. The remaining 5 per cent may require some research. For example — a question on how to preserve a large South African snake (frozen at the time) was resolved by consulting the experts at the Natural History Museum.

A typical day begins at one minute past nine when the switchboard opens and the first call comes through. A rota system operates in the department but often this is quite irrelevant as all five phones never stop ringing! So she asks members to try and be patient if they cannot get through at the first attempt.

### Computerisation?

The NPA is considering computerisation of the department, but the problem is finding a system capable of dealing with the wide variety of information stored. The present system works well, says Mrs Field, but she predicts they will slowly work towards computerisation. At the moment the only terminal there is used to check NPA membership numbers as only members' queries are dealt with.

Mrs Field works closely with the NPA's technical officer, pharmacist Colette McCready, who is responsible for updating all the Association's published information. "All of it is being reviewed at the moment and obviously the Information Department is in a good position to comment, and suggest new ideas for information sheets," she says. Numerous calls from members asking for information on colorants in medicines were prompted by the public's reaction to TV and radio programmes on problems associated with hyperactive children. As a result the NPA produced an information sheet on the subject.

Jo Field is proud of the comprehensive service her department offers. She believes that no other organisation can provide the same range of information on all things pharmaceutical and otherwise. Sometimes a pharmacist is just looking for a friendly ear to listen to his problems, she says, and with her own wide experience in retail she understands that pharmacy can be a very lonely job.

She does not know what percentage of membership uses the service, although there are many regulars. However, she has one piece of advice for first time callers: "The more information you can give us the better we are able to deal with your query."

And consequently the better the advice customers get whenever they ask their pharmacist!

## A class player in the making

If Jo Field ever took up Trivial Pursuits seriously, then the NPA would have a world class player on its hands. She says the amount of knowledge she has acquired about "this and that" since she joined the department in 1983 is enormous. And not all the questions are heavy pharmaceutical ones. (This has led the NPA to compile its own list of "Queer Queries", some of which are very queer indeed, as readers can see for themselves — see p780).

Mrs Field's background for her job in the Information Department is ideal. After graduating from Manchester University in 1972, she spent her pre-registration year with Boots in Stockport. Then followed 11

years of community pharmacy practice in various parts of the UK, during which time she and her husband moved house about 12 times, she says.

Jo Field has worked for large multiples like Savoury & Moore, and R.G. Drummond in Scotland, and for small chains of two or three shops in Stoke-on-Trent, Henley-on-Thames, Derby, and Stevenage. From inner city mayhem to the more sedate rural areas; from large practices handling 12,000 scripts per month to the sophistication of a Mayfair establishment where 500 NHS scripts a month were swamped by the number of private scripts, Jo Field can claim to have seen it all — or at any rate most of it.



So, how did you do with the "queer queries"? Here are some replies...

1. Of course not!
2. No.
3. Nicotine sulphate.
4. Charles II
5. Apomorphine injection.
6. Apparently the drug restores it to full vigour.
7. It was 14 shillings a pound

because it came from the China Tibet border. The plant was not cultivated in Britain until 1789.

8. Laurite.
9. Yes — but some sects challenge this.
10. They are below the knee ones.

# The side effects of six years at the CSM

**Professor Sir Abraham Goldberg, immediate past chairman of the Committee on Safety of Medicines, took time at a recent conference to talk to C&D about his ideas for improving drug safety monitoring, including a role for community pharmacists.**



**P**rofessor Sir Abraham Goldberg retired as chairman of the Committee on Safety of Medicines at the end of last year. He headed the Committee for some six and a half years and during that time witnessed what he describes as a watershed in the public's awareness of drug safety; and he is keen that they should know more. He sees drug safety as a problem that everyone should be involved in to some extent — it's too important to be left to just one group, he recently told pharmacists at the Institute of Pharmacy Management International conference in Majorca, the first such conference he had attended since being with the CSM.

Sir Abraham's interest in drug action and drug safety began many years ago, soon after he qualified as a doctor from Glasgow University in 1946. He had an early insight into drug action during his years at University College Medical School in London when he was a Nuffield research fellow under Professor C. Rimington from 1952-54, looking at porphyrin metabolism.

From 1954-56 he worked on blood diseases in the US in Salt Lake City under Professor Max Wintrobe. After that he came back to lecture at Glasgow University. He gained his MD in 1956, winning a gold medal for his thesis.

Early on, through people he had met, Sir Abraham also took an interest in pharmacology and biochemistry as well as related problems of drugs and enzymology.

A spin-off of his interest in adverse reactions was the "drug interaction disc" which he developed in 1975 with Professor Brian Whiting. Some 70,000 copies were sent out to doctors.

## Knighted in 1983

In 1980 Sir Abraham became CSM chairman and in 1983 he was conferred as Knight Batchelor.

Even though he has now retired from the CSM, Sir Abraham maintains his active clinical involvement at Glasgow University where he is Regius Professor in the practice of medicine, and since 1976 has been chairman of the diploma in pharmaceutical medicine. His commitments also include teaching — he is particularly interested in new methods — and directing a research group.

During Sir Abraham's chairmanship of the CSM eight non-steroidal anti-inflammatory drugs were withdrawn from the UK market, with another being restricted in its use. These withdrawals caught the imagination of the Press and therefore the public. The first and most "famous" withdrawal which attracted spectacular amount of media coverage was Opron.

Most of the coverage could be regarded as damaging because it tended to consider

the harmful effects of the drugs and the mistakes made in bringing the products to the market. The benefits to many people were largely ignored.

Despite that, Sir Abraham still has a certain amount of faith in the Press. He doesn't see "bad Press" as necessarily a bad thing. At least, he says, it means that millions are being told that drugs can do harm as well as good. He believes there is now a mature appreciation in nine out of ten people that drugs can be a double edged sword.

## Communication the key

Communication is the key to increasing drug safety: during Sir Abraham's time at the CSM he tried, with some success, to increase the discourse on adverse reaction between professions. Examples of this include the "CSM Update" which has appeared each month in the *British Medical Journal* since January 1985. There has been a pilot study of electronic adverse reaction reporting — involving about 500 doctors and a number of pharmaceutical companies linked by terminals to a central computer in London. This electronic link-up allowed transmission of ADR reports as well as personal communication on drug safety between reporting doctors and the CSM.

The introduction of yellow card slips in the British National Formulary and on prescription pads appears to have been popular, and there is evidence, says Sir Abraham, of a significant increase in the number of ADR reports being made. Indeed he is convinced that the yellow card system, despite its disadvantages, still provides a solid base for monitoring drug safety.

Sir Abraham has himself been busy speaking to groups of specialist physicians reminding them to bear in mind that symptoms may be reactions to drugs as well as being manifestations of disease; something which he believes is often overlooked. And he sees pharmacists playing a role in ADR reporting provided the patient's doctor is not bypassed. For OTC medicines, pharmacists may be very important in picking up adverse reactions, he says, particularly where such drugs gain a more widespread use OTC than they had on prescription, especially in cases where adverse reactions can only be detected when sufficiently large numbers of patients take a drug.

But the net must be cast even wider than that, and Sir Abraham would like to see school children being taught about drug safety. To that end he has already been talking with the Scottish Health Education Board suggesting the subject be included in the school curriculum. "If we teach our children about drugs and drug safety", he says, "they will be able to teach their children".



## On the integrity of PIs

It is with incredulity that I read the PSGB interpretation of the recent High Court judgment in relation to the use of parallel imports marketed under different trade names.

I would contend that those who purport to represent their membership in a responsible way should limit their interpretation of such a case to the *ratio decidendi*, and not rely upon an elaboration of minor *obiter dictum*. The case related specifically to products bearing a different name to the UK counterpart and to construe a meaning in relation to any other products, parallel imported or otherwise, is totally groundless. While the Press hide behind the cloak of "editorial freedom" the PSGB use their umbrella Code of Ethics to justify their stance in many contentious issues. However, neither of these impart protection against a moral code of

conduct.

It is perhaps my Dutch roots which lead me to wonder about the motives in "bashing" the parallel importing activities of a large sector of the membership, seemingly at any cost. In the Netherlands and the rest of Europe the pharmacist would view such an attitude as impinging upon his or her professional integrity.

Perhaps that strip of water which divides the UK from the rest of Europe still imparts a sense of independence to certain bodies. To other members of the EEC such beliefs are regarded as merely insulting; that, for example, the drugs which we use "over here" are inferior to the domestic UK range.

Do we question the integrity of products which are imported to Holland from the UK? No, of course not, but why should we when we know they must accord perfection! Are we shortly to be questioning the value of the MPS qualification in relation to the Dutch degree in pharmacy? No, of course not, why should we?

**M.C. Hamilton**  
Stephar BV, The Netherlands

## A disservice?

The chairman of the Dispensing Doctors Association does his profession a disservice by writing letters (C&D April 11) of such ill report regarding a sister profession. We could all make analogous reports concerning computers, etc, about his own profession, if ill will and acrimony are needed. Many of his medical colleagues will blush with shame on reading his literary "gems", which are completely refuted by the Government's enquiry into primary health care, the Nuffield Report and the BMA.

Such paranoia as exemplified by the DDA chairman's letters has its advantages, and the RPA feels that Dr Roberts should be encouraged to continue his little forays, as much goodwill is created towards the pharmacists in rural areas, and indeed towards the profession of pharmacy as a whole, while reducing the acceptability and credibility of the position of the DDA to something of an irrelevance.

**John Davies**  
Secretary, Rural Pharmacists Association

## URGENT REQUEST

STEPHAR is seeking the cooperation of pharmacists in collecting additional evidence of any activities which are aimed at discouraging or preventing the use of licensed parallel imported pharmaceuticals.

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# Record numbers win Queen's export awards

Wellcome, Roche and Babydiner are among the record number of recipients of the Queen's Awards for export and technology this year.

Out of 1,071 applications, 154 firms have been chosen for the Award which is presented to both management and employees and held for five years.

Wellcome Diagnostics are chosen for their technological achievement in developing the Wellcozyme anti-HTLV III test kit, a new method of blood testing for the AIDS virus, which was developed and brought into use within eight months, says the company. It is their eighth award.

The Fife firm Babydiner, brought out of bankruptcy five years ago by Peter and Gill Hart, and now reporting a monthly turnover exceeding £120,000, are chosen for their export success — trading in childcare products in 32 countries.

Roche Products are also chosen for export achievement. Goods with a value of £72m, accounting for more than 50 per cent of the company's turnover, were exported last year. And third time winners and producers of pharmaceutical tablet-producing equipment, Manesty Machines

are in the listings, noted for exporting 83 per cent of their production to 150 countries, particularly Bulgaria and China.

Export achievement awards also went to: the healthcare division of Huntleigh Technology, manufacturers of ultrasonic and pneumatic medical equipment; Marchem, producers of chemicals for pharmaceutical and photographic purposes; Norbrook Laboratories, who develop and manufacture veterinary pharmaceuticals; Norris Biomedical, who manufacture enzymes and clinical diagnostic test kits, the smallest company to receive an award, and RSR who produce reagents and kits for diagnosis of thyroid over-reactivity.

Amersham International received a technological achievement award for the development of the Amertec II generator and for exporting research chemicals and medical diagnostic products, and Wendstone chemicals received an award for technological achievement.

Presentations will be made locally, probably at the firm's main place of business, and then representatives will be invited to Buckingham Palace.

## The Japan issue...and its effect

Look in the financial Press these days and you won't get far before the word "Japan" leaps out of the headlines.

"Japan issues US tariff ultimatum"; "Brussels begins Japan computer printer inquiry" . . . and the list goes on, as tension mounts in the trade disputes between the Japanese and both America and the EEC. One letter in the *Financial Times* from a disgruntled manufacturer claimed it was "time the Eastern hemisphere . . . ceased their determined and strategic policies of taking over the markets of the Western World".

And it's not a new complaint by any means — for evidence, look back at the views of the electrical appliance firms featured in *C&D* on August 30, 1986.

But how far can the effects of the present tension reach into Britain's pharmaceutical industry?

Not very far, seems to be the reply. Wellcome, whose Nippon Wellcome venture in Japan is a joint dealing with Sumitomo, foresee no adverse reactions.

Dr Philip Ward, from Wellcome, comments: "It seems to me that the 55/45 holding we have (55 to Wellcome, 45 to Sumitomo) means both sides are locked in fairly well."

And it's a confidence shared by Hoare Govett analyst James Culverwell. "When you're dealing with health care and drugs, you're dealing with something everyone needs. I can't see restrictions being put on drugs, or additional tariffs, at the moment."

With Japanese price cuts expected again about this time next year, one possible move would be to lop some 25 per cent or so off a drug such as Glaxo's Zantac. But this would only be likely in the face of a rapid worsening in the trade dispute.

As for pharmacies themselves, Mr Culverwell doubts that they'll feel the pinch yet. "It's early days, and it depends on how the situation develops. If it gets totally out of hand it might have some effect. But most pharmacies won't be selling many of the products concerned and shouldn't really be hurt."

## An eye opener

Boots have added yet more stores to their specialist optical retailers, by buying Curry & Paxton.

The company's assets were valued at £1.5m but the purchase price has not been revealed. With the Curry & Paxton purchase which includes 45 practices, Boots now have 240 outlets — 133 separate and 107 in-store.

Their other buys are Clement Clarke and Edmund Wilkes, and as with those, the Curry & Paxton chain will be converted to Boots Opticians.

## Spring hopes

Retailers are remaining optimistic that sales will increase this Spring, even though their expectations for March were not met.

Sales volume, orders and stocks for March were all lower than expected by retailers, distributors and wholesalers, according to the Confederation of British Industry's distributive trade survey for March, which it calculated from 578 respondents. But it says with the better weather this month, and Easter holidays, 61 per cent of retailers are confident of sales growth above last year's levels.

## Fisons — no share

Fisons have called off their £110m share placing because of divided opinion in the City.

The company proposed to place up to 18 million ordinary shares (5.5 per cent of the authorised share capital) with investors, principally in Europe and the Far East (*C&D* April 4, p623). It was expected to raise approximately £110m, says the company.

Fisons chairman and chief executive, John Kerridge, commented: "The announcement of the intended international share placing was made after taking appropriate advice.

"However, it has become apparent that there are deep divisions of opinions among City organisations. Some are against such a proposal in principle, not least because of the question of pre-emption, and others feel equally strongly that the issue would have been a positive move, reflecting the growing internationalisation of the equity market.

"Against this background, and without a clear-cut mandate from the shareholders, we do not feel it would be correct to proceed with this issue."



## Dalkon claims

**A.H. Robins in the US, acting under Chapter 11 of the country's Bankruptcy Code, have filed a reorganisation plan for settling Dalkon Shield claims.**

Robins' US \$1.85 billion plan filed last week includes the creation of a US \$1.75 billion trust to administer and settle Dalkon Shield claims, Mr Stewart, managing director of the UK subsidiary A.H. Robins Co, told *C&D* this week.

It will be for the court to decide whether Robins' own plan is accepted or that of another company is given preference. There have been talks with Rorer Group but nothing has happened, Mr Stewart said. According to the *Financial Times* there has been an indication that if the situation is not resolved by Robins, then the proposal for Rorer to take over could be looked at.

Meanwhile, A.H. Robins Co in the UK have moved from their site in Horsham to offices, laboratories and distribution facilities at Sussex Manor Business Park, Gatwick Road, Crawley.

The move was prompted by losses from the limited list and was nothing to do with the Chapter 11 activities, Mr Stewart said.

## All in a Day

**Day Lewis, Sevenoaks, have bought and closed down Graylands pharmaceutical wholesalers which recently went into liquidation.**

Kirit Patel, managing director, Day Lewis, paid a "six figure" amount for the assets of the East London wholesaler. The stock has been incorporated into the company's 23 pharmacies and five drug stores. Mr Patel previously owned Dales (Southend) Ltd, which he sold to Sangers, Maidstone. He told *C&D* he has no intention of trading as a wholesaler but hopes to expand its number of pharmacies to 50 in the near future.

**Laporte Industries (Holdings) plc** have announced pre-tax profits of £64.2m — up 15.1 per cent on 1985 — with sales increasing by 13.5 per cent to £422m. In their preliminary announcement the company adds that earnings per share increased from 26.3 pence to 30.1 pence.

**The chemical industry's** capital spending is expected to rise to £1.4 billion this year — 3 per cent up on 1986 after inflation, say the Chemical Industries Association. Another rise is expected in 1988, but there will be a decline in 1989.

The arrival of Spring gave the Stock Market a boost in early March, but investors quickly lost confidence and share prices have fallen sharply in recent weeks. Their poor performance brings to an end a five month run, which brought gains to a large number of shareholders.

The *FT* ordinary share index, the traditional barometer of the market's health, peaked at 1625.2 on March 24 but by the Easter holiday it was down to 1540.3 after some dramatic daily falls. Against the trend, share prices of the select group of independent chemists and drugstores were strong, following Woolworth's agreed bid for Superdrug, which valued the company at £233m and the founding Goldstein family's shareholding at £142m. The bid surprised investors because only two weeks previously Woolworth's had been in talks with Underwoods, but the London based chain was, it seems, too demanding on price for the two sides to come to an agreement.

Woolworth's offer gave a lift to shares in Midlands-based Lloyds Chemists, Tip Top Drugstore and Share Drug Stores, whose shares are traded on the unlisted securities market, as investors anticipated further bid action. The industry is already in a state of flux, following Dee Corporation's purchase of Medicare last year, and Guinness putting a "for sale" sign over Gordon Drummond, their chain of 112 pharmacies, earlier this month.

Tip Top came to the market in 1986, a year ago, when their shares leapt from the issue price of 160p to 190p. They have since lost some of their popularity and at 150p the shares look attractive, by comparison with Lloyds and Share Drug. Underwoods have lost much of their speculative premium since the talks with Woolworth ended but the shares still look expensive.

Glaxo, yet again, produced excellent results for the six months to December, with pre-tax profits up by 45 per cent to 376p. Though the company is spending prodigiously it is generating huge quantities of cash. By December it had salted away £712m. Brokers BZW (Barclays de Zoete Wedd) are forecasting full year profits of £800m and £1bn for 1988. The company is getting a share listing in New York in May and plans to join the Tokyo stock exchange later in the year. Though the news was generally good, stockbrokers' analysts have come to expect nothing less and the shares fell 72p to £14.31 on the day.

The fall in the dollar, which has contributed to the Stock Market's fall, prompted analysts to cut profit forecasts for companies such as Beecham, who make a large part of their profits in America. Beecham, who announced their results for the year to March in June, were expected to report profits of £360m but brokers have cut their estimates to £342m.

## COMING EVENTS

### On course

**The Hahnemann College of Homoeopathy is running a two year part time course on homoeopathy at the City University, London to start in September.**

For pharmacists with little or no previous knowledge of the subject a three month introductory course starts on May 10, to be held on two Sundays each month. Details can be obtained from the Registrar, The Hahnemann College of Homoeopathy, The Broadway, Southall, Middlesex (tel: 01-574 4281).

### Is it worth it?

**"Pharmaceutical advertising — is it worth it?" is the subject of the meeting of the Industrial Pharmacists' Group on May 19 at 1.30pm at the Society's headquarters.**

Registration fee for the meeting which

includes lunch and tea, is £15 for members, PSGB members and pre-registration students, and £30 for non-members. Registration forms are available from Mr R.E. Marshall at the PSGB, 1 Lambeth High Street, London SE1 8JN.

#### Monday, April 27

**Hull Branch, Pharmaceutical Society.** 7.45pm, post-graduate centre, Hull Royal Infirmary, Anlaby Road, Hull. Dr G.D. Parr, head of formulation research (Reckitt & Colman Pharmaceuticals) will speak.

#### Tuesday, April 28

**Barnet Branch, Pharmaceutical Society.** 7.30pm, Barnet General Hospital, post-graduate medical centre. Annual meeting and talk by Mr Stockman on animal medication.

**Leicestershire Branch, Pharmaceutical Society.** 8pm, annual meeting at Leicester Royal Infirmary.

**Slough and District Branch, Pharmaceutical Society.** 7.30pm, annual meeting and buffet. Syntex House, St. Ives Road, Maidenhead.

#### Wednesday, April 29

**Sunderland & District Branch, Pharmaceutical Society.** 7.45pm, Seaburn Hotel, Sunderland. Annual meeting and lecture on "the art of the Somerset cider maker". Buffet provided.

#### Thursday, April 30

**Bradford & Halifax Branch, NPA.** 8pm, Victoria Hotel, Bridge Street, Bradford. Annual meeting, followed by Mr David Sharpe, OBE, FRS of the PSNC.

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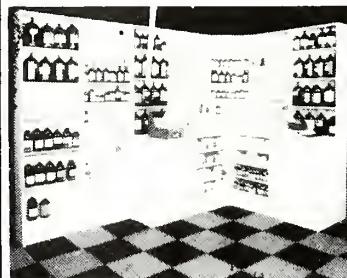
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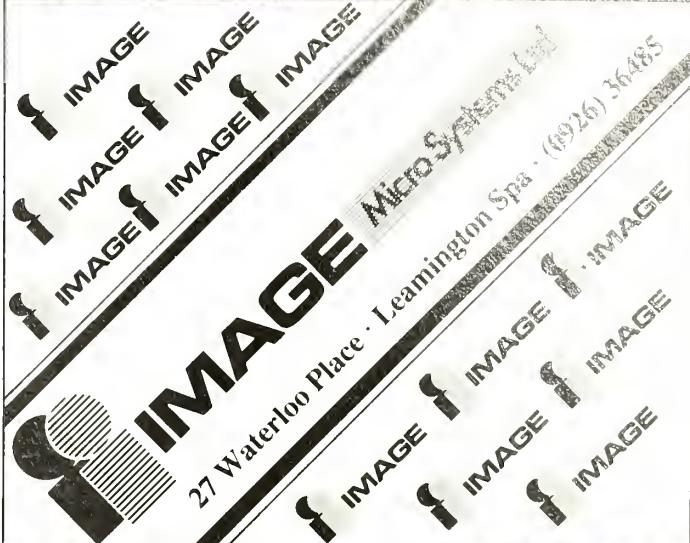
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## Former chief pharmacist dies

Dr T.D. Whittet, CBE, FRS, former chief pharmacist at the Ministry of Health, died in Middlesex Hospital, London, last week aged 72.

A Pharmaceutical Society Charter Gold Medallist in 1978, Dr Whittet had a long association with *Chemist & Druggist*, to which he contributed both reviews and many historical articles, including a series on his extensive research into the Red Cross symbol. He is survived by his wife, Doreen, and two sons. It is understood a memorial service will be held at a date to be announced.

A friend writes: "As chief pharmacist to the then Ministry of Health from 1967-78 and only the second appointee to the post, Douglas Whittet became known to pharmacists in England and Wales and far beyond for he was soon asked to serve on committees of the World Health Organisation, which duties he continued after his retirement.

After graduating from Sunderland Polytechnic in 1938 as a PhC, he soon entered hospital pharmacy, becoming chief pharmacist at University College Hospital. While there his research on pyrogens earned him a London PhD in 1958. He obtained qualifications in chemistry and analysis and his publications showed him to be well skilled in many scientific areas. At the Ministry he was a successful administrator.

He was admitted to the Society of Apothecaries in 1955 and after taking the Livery began to study its history, both of its hall and Chelsea Physick Gardens of which he was particularly fond. He represented the society on its administrative body for some years.

When the Pharmaceutical Society formed a History of Pharmacy Committee in 1952 Dr Whittet was invited to become a member and he continued when the new British Society for the History of Pharmacy was founded in 1967. He was a founder member, its president for two years, and did excellent work as a meetings secretary. His wide-ranging interest in many aspects of pharmacy extended to medicine, resulting in Fellowship of the Royal Society of Medicine and in recent years presidency of its history section.

His attendance annually at the BP Conference was often marked by pertinent comment. In visits overseas he was called on frequently for lectures and his wide

contacts abroad brought friendships with leaders in the profession, especially those in the developing countries for whom he had a warm regard.

His standing as an historian was recognised by election to the International Academy of the History of Pharmacy. He served as a member of the Pharmaceutical Society's Fellowship Panel. His assistance to students seeking help in any field of historical research was generously given.

Many were the honours showered upon him but none were more valued than the LMSSA (Licentiate in Medicine and Surgery of the Society of Apothecaries) as recognition of his service. In this society he found his spiritual home. He was elected to its Court of Assistants (its controlling body) in 1972 and chosen as Master for 1982-3, a year in which he was heavily engaged in the society's great rebuilding programme.

His research into the membership of the society from its foundation in 1617 meant the compilation and maintenance of a card index of many hundreds of names and his information was readily available. This served him well when he embarked on his great task of a definitive record of apothecaries who issued tokens when small coinage was scarce during the 17th and 19th centuries. His published work on these took in Great Britain and Ireland and he was planning to produce a book in the near future with his wife Doreen who had done the illustrations.

His friendship and his hospitality will long be remembered by all who experienced his companionship. His passing leaves a gap in the band of medical historians and we are all the poorer."

**Duracell UK:** Tony Hall is appointed senior brand manager. He joins the company from Del Monte Foods Ltd.

**John Richardson Computers Ltd:** Andrew Smith is appointed customer services manager. He previously worked as an area engineer with Tandy.

## Animal Health chairman

Mr Colin Hall, superintendent pharmacist for West Cumberland Farmers Ltd, has been elected chairman of the Animal Health Distributors Association.

Mr Hall was previously vice-chairman of the Association and takes over from Terry Baxter, chairman since AHDA's foundation in 1985.

Mr E.M. Hobson, general manager, Animal Health & Pest Control (NI) Ltd, Co Armagh, was elected joint vice-chairman together with Mr G.T. Baxter, managing director, Central Wool Growers Ltd.

## BPSA benefits MD appeal

Over £1,500 was raised for the muscular dystrophy appeal by delegates attending the British Pharmaceutical Students' Association Conference at Heriot-Watt last week (see C&D, p755).

A variety of fund raising methods were employed but the aim was to raise as much money as possible by fair means or foul. The latter included a strict system of fines for delegates who failed to make it to breakfast each morning!



Downing a yard of ale

A "book" was also opened on the estimated length of the after-dinner speech at the close of Conference Ball.

More orthodox means included tiddly-winks races, and a yard of ale competition which raised £145. A raffle degenerated into an impromptu auction of prizes, with a bottle of very ordinary *vin ordinaire* being sold for £22.

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